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ABSTRACT

In Polk County, Iowa, criminal justice agencies and concerned citizens work together to lessen the burden on the rape victim and to increase the chance of ultimate conviction and sentencing in rape and sexual assault cases. The Rape/Sexual Assault Care Center offers medical and social supportive services to victims, aids law enforcement and criminal justice personnel in the investigation and prosecution of sexual assault offenders, and educates the public and professional community about rape and sexual assault. Since the center was created, impressive improvements have been seen in police clearance rates for rape cases, in willingness of victims to press charges, and in the rate of convictions. This booklet contains chapters on Project Development and Organization, Victim Services Coordination, Criminal Justice Support, Community Education, and Results and Costs. (Author/BP)

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An Exemplary Project

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A Community Response to Rape

Rape/Sexual Assault Care Center

Polk County, Iowa

Office of Technology Transfer
National Institute of Law Enforcement and
Criminal Justice
Law Enforcement Assistance Administration
U.S. Department of Justice

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Gerald M. Caplan, *Director*

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CG 011642

AN EXEMPLARY PROJECT

A COMMUNITY RESPONSE TO RAPE

Polk County Rape/Sexual Assault Care Center

Des Moines, Iowa

by
Gerald Bryant
Paul Cirel

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Office of Technology Transfer
National Institute of Law Enforcement
and Criminal Justice
Law Enforcement Assistance Administration
U.S. Department of Justice

March 1977

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION 1
- 1.1 Project Overview 4
- 1.2 Summary of Results 7
- 1.3 Content Guide 8

CHAPTER 2: PROJECT DEVELOPMENT AND ORGANIZATION 11
- 2.1 History 11
- 2.2 Organization 19
- 2.3 Administration 20
- 2.4 Staff 22
- 2.5 Funding 24
- 2.6 Replication 25

CHAPTER 3: VICTIM SERVICES COORDINATION 27
- 3.1 Medical Facilities 27
- 3.2 Medical Examination 30
- 3.3 Counseling and Supportive Services 37
- 3.4 Replication 47

CHAPTER 4: CRIMINAL JUSTICE SYSTEM COORDINATION 49
- 4.1 Des Moines Police Department 49
- 4.2 Police Training 52
- 4.3 Polk County Sheriff's Department 57
- 4.4 The Polk County Prosecutor's Office 59
- 4.5 Additional Prosecutorial Responsibilities 64
- 4.6 Replication 64

CHAPTER 5: COMMUNITY EDUCATION 67
- 5.1 Program Publicity 67
- 5.2 Community Education 71
- 5.3 Minority Involvement 75
- 5.4 Supportive Services Committee 76

CHAPTER 6: RESULTS AND COSTS 79

6.1 Reporting 80
6.2 Clearance by Arrest 83
6.3 Convictions 83
6.4 Conclusions 86
6.5 Costs 88

CHAPTER 7: EVALUATION AND MONITORING 89

7.1 Client Needs and Project Services 90
7.2 Prosecutorial Results 91

APPENDICES: Appendix A: Polk County Rape/Sexual Assault Care Center By Laws 95

Appendix B: Follow Up Questionnaire and Results of Follow Up Questionnaire 105

Appendix C: Manual: Focus on Sex Crimes 111

FOREWORD

Research has confirmed what many in criminal justice have long believed: the successful detection and prosecution of most major crimes depends heavily on the cooperation of the victims. Unless the victim is willing to come forward with information, the crime is not likely to be solved.

In many jurisdictions, the victim of a sexual assault has good reason to refrain from cooperating. During a period of physical and emotional trauma, she must tell her story — often repeatedly — to a male audience whose questions may be both insensitive and skeptical. If the case goes to trial she may not only fear reprisal by the defendant but attacks on her character and veracity by his attorney. Even if she does cooperate, the chances of apprehension, conviction and imprisonment of the offender are low.

In Polk County, Iowa, criminal justice agencies and concerned groups work together to lessen the burden on the victim and to increase the chance of ultimate conviction and sentencing in rape and sexual assault cases. The Rape/Sexual Assault Care Center offers medical and social supportive services to victims, aids law enforcement and criminal justice personnel in the investigation and prosecution of sexual assault offenders and educates the public and professional community of greater Des Moines about rape and sexual assault.

The Center, which has gained the support and assistance of social service and criminal justice agencies in Polk County, has been named an Exemplary Project by the National Institute. This manual describes how the Center works, and suggests ways in which other communities can adopt a similar program.

Gerald M. Caplan
Director
National Institute of Law
Enforcement and Criminal Justice

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CHAPTER 1
INTRODUCTION

> "A rape victim is usually brought into an emergency room of a large public hospital which is crowded, confused, understaffed and overworked . . . . Police, doctors, nurses, and clerks all are trying to get information from her, but no one asks how she is feeling. She is treated as an accused, as if she did something wrong. She leaves the hospital alone to return home frightened, confused, dirty, and distraught. She was raped in private during the crime; she has now been raped in public."*

The effects of rape on the victim are both physical and psychic. First, she faces physical peril: the immediate danger of being beaten, maimed, or even killed, and in the longer run, the possibility of contracting venereal disease or becoming pregnant. Second, she is subjected to psychological stress (Rape Trauma Syndrome); only recently has it been acknowledged that this condition requires special treatment. Compounding the victim's feelings of guilt, anxiety, and fear are prevailing community attitudes towards the victim of rape: the role of victim is viewed with ambivalence ("She got what she asked for"). Even her family and friends may suffer some trauma. A final psychic stress is caused by the often oppressive legal aspects of the definition of rape--proof of force, penetration, and lack of consent. All these factors contribute to the victim's personal feelings of humiliation and ostracism.

The Uniform Crime Reports made available by the Federal Bureau of Invesigation indicate that over 56,000 forcible rapes were reported to the police in 1975--one every nine minutes. Victimization surveys indicate that the number of actual incidents may be twice as high as the number reported to the police.[*] In the same year, the FBI estimates that 26,670 arrests for rape occurred, or roughly one for every two reported cases. Convictions, however, were much less frequent. "Guilty as charged" was the verdict for 8.8 percent of the offenses; another 2.5 percent resulted in conviction on lesser offenses.[**] No one really knows what happens on a national level after that. In one state that maintains offender-based transaction statistics, only 31.5 percent of the convicted rapists were sentenced to prison.[***] Clearly, the odds favor the rape offender. In the overwhelming majority of cases, the rapist is not likely to spend even a day in prison for his crime.

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* LEAA Prescriptive Package, Rape and Its Victims: A Report for Citizens, Health Facilities and Criminal Justice Agencies, p. 55.

Yet until very recently the crime of rape and its consequences for the victim received little attention. For instance, the medical community was not particularly prepared to meet the rape victim's needs. The public hospitals to which she might go for treatment tended to be overcrowded, underfinanced, and bureaucratized. Private hospitals often lacked emergency or special facilities and charged the rape victim up to $75 for the examination. Hospitals in general did not employ Standard Operating Procedures for treating victims. Thus only haphazard consideration was given to the collection and preservation of the medical evidence necessary for prosecution, and rarely was any consideration given to the mental well-being of the victim. The former problem was aggravated by the lack of coordination between police investigators and medical examiners. Evidence was literally washed away, as clothes and bodies were cleaned rather than examined for semen, pubic hair, or blood.

The rape victim's experiences with the criminal justice system were also often unpleasant. If she reported the crime, she might encounter police skepticism and insensitivity and might have to repeatedly describe the details of the attack to a series of officers and detectives. Furthermore, rape received low priority in police investigation assignments. More often than not, the detectives were not from bureaus that investigated assaults and homicide (which usually are staffed with more experienced personnel) but rather from juvenile, vice, and/or prostitution bureaus. Many of these detectives were accustomed to investigating crimes in which both parties willingly participated.

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[*] LEAA, Criminal Victimization Surveys in 13 American Cities (1975).

[**] Federal Bureau of Investigation, Crime in the United States, Uniform Crime Reports (1975).

[***] California Department of Justice, Bureau of Criminal Statistics, Adult Prosecution Program Report (1973).

If she wished to take the matter to court, she found that the prosecutors, working independently of police and hospitals, put her through the ordeal of repeating the story yet again. If the prosecutor's office was typical, there was no continuity of assignment, and therefore the victim was forced to relive and retell the incident at every change of assignment and at the various stages of prosecution (probable cause/arraignment, grand jury, and trial). Again due to the low priority assigned to rape cases, those that managed to get to trial often suffered from limited prosecutorial attention.

Proving that the rape occurred was only the first step. Several legal and circumstantial issues played a large role in preventing the suspect from being found guilty of rape even when the forcible sex act had been proven. Juries questioned any case where the victim voluntarily placed herself in a situation where a rape could occur, particularly when the victim got into a car with the offender, or let the offender into her apartment. Corroborating testimony was sometimes required, and evidence concerning the victim's lifestyle and prior sexual conduct was usually relevant and material. Finally, the myths and peculiar rules of evidence that marked the trial were often buttressed by such jury charges as the one recently struck down in an Iowa Supreme Court case, "The charge of rape against a person is easy to make, difficult to prove, and more difficult to disprove."*

During the past few years, however, rape has become more and more the focus of national attention. Rape crisis centers have sprung up around the country with the intent of treating victims, educating the public, and/or aiding in the effort to apprehend and prosecute rapists. Since late 1974, the Polk County Rape/Sexual Assault Care Center (R/SACC) has provided the greater Des Moines area with all of these services. LEAA's National Institute of Law Enforcement and Criminal Justice has designated the Polk County R/SACC an Exemplary Project in recognition of its efforts to bring about law reform, to improve medical treatment and to institutionalize medical, police and prosecutorial procedures designed to increase the quality and quantity of victim services and the likelihood of successful prosecution. This manual is intended to aid the staff and planners of the many rape crisis centers now or soon to be in existence across the nation, in developing techniques and procedures that address the problems discussed in this introduction. In addition to this document, which focuses on the procedures employed by the Polk County R/SACC, a related LEAA publication should be consulted for information on particular techniques employed in police departments, hospitals, prosecutor's offices and communities in several other states:

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* Struck down in State v. Fedderson, 230 NW 2nd 510, 1975.

- _Rape and Its Victims: A Report for Citizens, Health Facilities, and Criminal Justice Agencies_, A Prescriptive Package, Center for Women's Policy Studies. (Available in single copies free of charge from the National Criminal Justice Reference Service, Washington, D.C. 20024. Multiple copies are available from the Government Printing Office, Washington, D.C. 20024; order number 027-000-00363-0.)

The remainder of this chapter highlights the operations and achievements of the Polk County R/SACC. In following chapters all facets of the Center will be discussed in greater detail, with particular emphasis placed on issues of replication.

1.1 Project Overview

The Polk County Rape/Sexual Assault Care Center is a single program designed to deal with the multiple problems of rape and sexual assault. Providing victims with counseling support, reforming state statutes, coordinating with the prosecution, training and assisting police and medical personnel, and educating the public are the Center's prime objectives. Although funded primarily by the Central Iowa Area Crime Commission through the County Board of Supervisors, the Center is a truly community-oriented facility, working with and being supported by hospitals, schools, and volunteers as well as law enforcement agencies.

The Center is organized for maximum community participation. There are currently 75 agencies and organizations represented on the Center's Board of Directors. As a result, officials of almost every public agency in the community are Center volunteers. Consider what this community support means to a victim. She is shocked, hurt, stunned. But an extensive public relations campaign--local television, radio, newspapers, even a special "rape awareness" program in the public school system--has made her aware of the Center. The telephone number has been widely advertised; the operator also has it. A public education program has helped make her aware of the importance of doing something. She calls the Center. Twenty-four-hour phone and contact service ensures that help is on its way to her within minutes.

The contact worker meets the victim at the hospital, where another special education program and the worker's expertise have helped to make sure that the victim receives appropriate care and that physical evidence is properly handled. Through R/SACC's Board of Directors, the contact worker is in touch with a full range of community service agencies; she arranges for additional counseling if needed. From initial contact to hospital to counseling, the worker is always available, always there when needed, a protective buffer against further shocks. And throughout, while avoiding a "hard sell," she urges the victim to report the assault to the police.

Once the victim has agreed to report the assault, the most intensive part of the contact worker's task begins. She prepares the victim and helps her deal with the stress of each next step. Her familiarity with the victim is extremely helpful in painlessly extracting pertinent information, thereby aiding law enforcement personnel, who themselves will have received special training for dealing with rape victims.

When the case is transferred to the County Attorney's Office, the contact worker accompanies the victim to the prosecutor. A single (in Polk County's case, female) prosecutor is assigned to all rape cases. The combination of the special prosecutor and the contact worker creates an especially good working relationship with the victim which has resulted in a significant increase in the quality of rape prosecutions.

When the case finally comes to trial, the victim (accompanied to court by the contact worker) faces an educated jury. The Center's public education program has worked to teach the community that rape is not the victim's fault, that victims do not "ask" for it, and that rape is crime, not fantasy.

The route outlined above is not the only one possible. If a victim goes directly to a hospital, the Center is immediately notified. If the report is made to the police, again the Center is notified. In either case, the contact worker goes directly to the hospital to be with the victim. In all cases the final result is the same: victims receive improved medical care and counseling, and law enforcement agencies have available better evidence, better and more reliable witnesses, and improved prosecution.

1.2 Summary of Results

Since the Center was created, police clearance rates for rape cases have risen from 50 percent to 69 percent. Even more significant changes have been seen in the Special Prosecutor's Office, where victims show an increasing willingness to press charges. Before the program began, charges were filed in only a third of cases where the offender was identified; that figure has now jumped to three-fourths of those cases. An equally dramatic rise in conviction rates has occurred: while only 40 percent of the cases tried in the pre-project period resulted in conviction, the figure rose to 65 percent in the project's first year and is now up to 82 percent.

Contributing significantly to the improved record of convictions are legislative changes in the 1974 Iowa Criminal Code that disallow any irrelevant testimony involving the victim's past sexual history and eliminate the requirement for corroboration beyond the physical evidence and the victim's testimony. These reforms were stimulated by the individuals who went on to create the Rape/Sexual Assault Care Center as a necessary step in gaining the victim cooperation so essential to successful prosecution of rape cases.

Finally, but most important, there is no doubt that the R/SACC has succeeded in both coordinating service activity and decreasing victim trauma. The quantity and quality of the Center's services are limited only by the quantity and quality of those available in the entire community. In short, they are the best available.

1.3 Content Guide

This manual presents a detailed description of the policies and procedures of the Center. The chapters in the manual deal with specific areas outlined by the Center's objectives and focus on the Center's efforts to cooperate with other agencies to prevent and handle rape in a more efficient and effective manner. Succeeding chapters deal with the following subjects:

Project Development and Organization

R/SACC's historical development as an offspring of the Iowa feminist movement is explored. Issues discussed include the project's political legitimization, organization and administration. The operations of the project's Board of Directors, whose deep involvement constitutes a strong and unique element of the Center, are examined in detail.

Victim Services Coordination

R/SACC's contacts with medical and social services agencies are discussed. Rape treatment procedures in effect at Broadlawns Hospital, one of many participating agencies, are presented. Also described is the in-service training provided by R/SACC to the staffs of many community agencies regarding both the physical and emotional needs of victims and the criminal justice process in rape/sexual assault cases.

Criminal Justice Support

This chapter discusses the crucial, supportive roles played by the Des Moines Police Department and the Polk County Sheriff's Department in investigating the assault, and by the Polk County Prosecutor's Office in assigning high priority to rape cases.

Community Education

The vigorous efforts to inform the public of the program's existence are explored. The undertakings of the two committees that specifically deal with public education are detailed.

Results and Costs

Facts and figures on R/SACC costs and results are documented. Reporting, clearance, and conviction rates, contacts, referrals, and other impact measures are discussed.

CHAPTER 2
PROJECT DEVELOPMENT AND ORGANIZATION

> "Rape makes no distinctions along political boundaries, and the cooperation of all government units will enhance the effectiveness of the services which the Center can deliver."*

From its inception the Polk County R/SACC has enjoyed the active support of the greater Des Moines community. This support has been carefully sought and actively maintained. Founders and supporters were committed to the notion of creating a community-wide service agency that would not only be accessible to all victims but that would be able to attract victims. A non-partisan, broad, community-based effort was undertaken to accomplish that goal. Section 2.1 presents a chronology of the events that led to the formation of the Polk County R/SACC. While particular individuals are cited for their foresight and diligence, the section's main purpose is to demonstrate one successful method for the formation of a rape crisis center. It details how one community utilized a resource available to every community--active, concerned citizens--to respond to needs equally present in every community. Following this discussion, the remainder of the chapter describes various aspects of the R/SACC organization.

2.1 History

In 1973-1974 the Iowa Women's Political Caucus emerged as a respected, influential organization. Allied with established political interests, to a large degree it helped legitimize the feminist movement in Iowa. Politically active and concerned women who considered themselves feminists were not viewed as a fringe group but rather as an integral part of the political process. This identification was clearly helpful in establishing a climate receptive to the development of a rape crisis center.

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* R/SACC Board recruitment letter.

In November, 1973, the Metropolitan Criminal Justice Center (MCJC), an LEAA-funded Pilot Cities project located at Drake University in Des Moines, was engaged in a crime assessment program with the city of Des Moines. Among the target crimes of the study was rape. It became obvious to MCJC staffers that the greater Des Moines community was not equipped to handle the problem adequately from either a law enforcement or social service viewpoint. This fact was brought to the attention of Betty Durden and Anne Schodde, the director and coordinator of the Drake University Women's Center. Ms. Durden was also a member of the Iowa Commission on the Status of Women and both women were known and respected members of the Des Moines community. They agreed that some immediate community response was necessary. They were also aware that there was currently a movement in the legislature, spearheaded by Assistant Iowa Attorney General Roxanne Conlin (also chairperson of the Iowa Women's Political Caucus), to amend the state's rape statutes. It was decided that efforts in both areas should be coordinated. With the hope of obtaining broad community involvement, this group of women approached Des Moines Mayor Richard Olson in December, 1973.

Mayor Olson was receptive. The meeting resulted in tentative plans for holding a Mayor's Conference on Rape in the spring. An advisory board was formed, and with Anne Schodde as the chairperson, the membership planned to organize a conference that would make immediately implementable recommendations so that Des Moines could swiftly address the problems of rape.

The advisory board decided to appeal to the entire community. Recommendations with a broad approval clearly stood a much greater chance of being implemented. The conference planners, therefore, proceeded to amass a group of cooperating sponsors in hopes of publicizing the conference and mobilizing support for conference recommendations. Their success is illustrated by the following list of sponsors and cooperating sponsors:

SPONSORS: M.C.J.C.
Drake University, University College, Women's Programs
Mayor's Office, The Honorable Richard Olson

COOPERATING SPONSORS:

Polk County's Women's Political Caucus
Women's Law Caucus--Drake Law School
American Association of University Women, Des Moines
Y.W.C.A.
I.C.L.U.--Women's Equality Committee
Chamber of Commerce--Women's Bureau
Polk County Sheriff's Office
Des Moines Police Department
Planned Parenthood of Iowa
Child Guidance Center
Broadlawns County Hospital
Iowa Children's and Family Services
City Council of Des Moines
Des Moines Area Religious Council
Des Moines Commission on the Status of Women
Drake University, United Campus Ministry
Des Moines Ministerial Association
Interdenominational Ministerial Alliance
Polk County Bar Association
United Way Board, Planning Division
Polk County Attorney's Office
Polk County Medical Society
Polk County Association for Mental Health
Church Women United
Catholic Council for Social Concerns
League of Women Voters, Des Moines
Des Moines Federation of Women's Clubs

In establishing the conference format and contacting speakers, the advisory board kept subsequent implementation in mind. Thus, the two-day conference was organized in the following manner:

Day One — Problem Identification

Presentations would be made by expert speakers (from within and without Iowa) concerning national trends, Iowa problems, rape victims' reactions and victim treatment.

Day Two – Problem Solving: Defining Areas of Needed Change

On day two the conference delegates were to divide into workshops, a format which would facilitate an action approach. Each workshop was to have a specific type of concern, and was to include experts in that field, a chairperson, a recorder, and a "catalyst." Three workshops were planned:

- The Iowa Law--Criminal Code revision, assistance to the victim, court procedures, cooperation between police and the courts.
- The Rape Victim--reporting procedures, police investigation procedures, cooperation between hospital personnel and private agencies aiding the victim, and an effective alternative for victim assistance.
- Community Education--assaults on women, measures needed to reduce hazardous conditions in the city, educational efforts in the public schools, community organizations, self-defense.

At the close of day two, each workshop was to present its recommendations to the Mayor and his advisory board for implementation.

The conference was planned for May 6 and 7, 1974. On May 2, the legislature provided the participants with an added impetus for program development. By a vote of 44-0 the Senate repealed the laws allowing wide questioning of rape victims concerning their past sexual conduct and requiring corroboration of a rape victim's testimony.

The issue of past sexual conduct was of particular concern; as long as it was relevant and material testimony, the defense attorney would attempt to paint the victim as a temptress or a woman of loose moral fiber. Even if the procedure was not always effective with the jury, it was quite traumatic to the victim. One of the fears of reporting is, of course, that such practices put the victim on trial.* Thus, the new Iowa Code 782.4, Evidence of

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* As long as prior sexual acts are material evidence, defense attorneys can badger the victim with an endless stream of "Isn't it true that on X date you had sexual intercourse with Mr. Y?"

Past Sexual Conduct in Trials of Rape, opened the door for more victims to pursue their assailants to court:

> Evidence of Past Sexual Conduct in Trials of Rape. In prosecutions for the crime of rape, evidence of the prosecuting witness' previous sexual conduct shall not be admitted, nor reference made thereto in the presence of the jury, except as provided herein. Evidence of the prosecuting witness' previous sexual conduct shall be admissible if the defendant shall make application to the court before or during the trial.
>
> The court shall conduct a hearing in camera as to the relevancy of such evidence of previous sexual conduct, and shall limit the questioning and control the admission and exclusion of evidence upon trial.
>
> In no event shall such evidence of previous sexual conduct of the prosecuting witness committed more than one year prior to the date of the alleged crime be admissible upon the trial, except previous sexual conduct with the defendant. Nothing in this section shall limit the right of either the state or the accused to impeach credibility by the showing of prior felony convictions.

The issue of corroboration was particularly bothersome to prosecutors. The former law had provided that more evidence than the victim's testimony was necessary to link the defendant to the crime:

> Corroboration in Rape, Seduction and Other Crimes. The defendant in a prosecution for rape, or assault with intent to commit rape, or enticing or taking away an unmarried female of previously chaste character for the purpose of prostitution, or aiding or assisting therein, or seducing and debauching any unmarried woman of previously chaste character, cannot be convicted upon the testimony of the person injured, unless she be corroborated by other evidence tending to connect the defendant with the commission of the offense.

No other charge required such corroboration. Clearly, this law tended to prevent rape cases from reaching the highest prosecutorial priority, and its repeal was welcomed.

The conference was held as planned in the wake of these legislative successes. Over 400 delegates from virtually every service-related agency in the county were present as were the police chief and the county prosecutor. The workshop format was particularly successful and resulted in the formulation of a series of recommendations. These are presented here in their entirety for two reasons. First, they suggest the variety of services unavailable to rape victims prior to R/SACC's creation. Second, they indicate the progress made in two years: virtually every action recommended has since been realized.

WORKSHOP NO. 1 *RAPE AND THE LAW*

The community, including local and county governmental units, should work to:

1. *Change uniform jury instruction to eliminate prejudicial references.*
2. *Provide public money to pay for the medical and rehabilitation expenses of the rape victim.*
3. *Urge a legislative review of the penal code and sentencing structure with regard to crimes of sexual abuse.*
4. *Upgrade law enforcement personnel and the County Attorney's staff, including special training for persons handling the specific problems of rape and sexual abuse.*
5. *Recommend to the board of the Law Enforcement Academy that its structure be changed to include representatives from other disciplines (such as psychology, sociology, etc.), women, and members of minority groups.*
6. *Recommend to the Iowa Crime Commission that its structure be changed to include representatives from other disciplines, women, and members of minority groups.*

WORKSHOP NO. 2 *EFFECTIVE TREATMENT FOR THE RAPE VICTIM*

The community police and medical procedures for assistance to the rape victim should include the following:

1. *Immediate medical treatment for the victim before any investigative procedures are initiated by authorities.*

2. *One designated place for medical care of the victim where confidentiality is guaranteed and the victim has the freedom to decide whether or not to report to authorities; a cooperative effort to develop and provide effective and sensitive treatment to rape victims at all hospitals; immediate legal assistance, medical care, and counseling available to the rape victim.*

3. *Initial contact with authorities who are specifically trained in dealing with sex crimes; a special squad, including women members, with specific training in handling sex crimes.*

4. *A police questionnaire which has been shortened to eliminate any irrelevant and unnecessary questions, and a reporting procedure requiring only one interview so the victim is not subject to repeated questioning.*

5. *A TRAINED COUNSELOR AVAILABLE FOR HELP AT ANY TIME AT A CENTRAL PHONE NUMBER. THIS MIGHT BE DONE THROUGH AN ESTABLISHED RAPE CRISIS CENTER OR THROUGH AN EXISTING COMMUNITY AGENCY WHICH WOULD PROVIDE COUNSELORS AND SERVE AS A CLEARINGHOUSE FOR COMPLAINTS OF VICTIMS.*

6. *Individual and/or group support counseling available to the victim and her family after the initial contact.*

The City of Des Moines should support a comprehensive "funded" plan that would include measures for education, prevention, self-defense education, and revision of the laws concerning rape.

The County Attorney's Office should hire women prosecutors to serve on its staff.

The Mayor should set up a women's task force on rape to coordinate and implement a comprehensive community program aimed at all aspects of the problem.

WORKSHOP NO. 3 COMMUNITY EDUCATION AND PREVENTION PROGRAMS

The community should develop education programs which:

1. *Provide training in self-defense, including attitudinal, physical, and legal aspects, for both boys and girls in school physical education classes.*

2. *Provide school classes in health, sex education, and possibly human relations taught by carefully selected and trained teachers. Make family life education classes co-educational at all levels.*
3. *Publicize available community resources for crime prevention and education such as "Crime Alert" through the use of mass media, mailings, bumper stickers, and billboards. Bring to the public's attention the facts about the crime of rape.*
4. *Set up a future conference dealing with the psychological implications for the rape victim and the rapist.*
5. *Provide more adult education programs on the subject of assault and rape and establish a community advisory board to disseminate information to parents and teachers.*
6. *Support federal legislation, Title III of Public Law 94-63, which would create a National Rape Crisis Center.*

Of particular importance is Recommendation #5 of Workshop 2, the establishment of a rape crisis center. This recommendation led to the establishment of Polk County R/SACC. Other proposals had included establishing either a special prosecutor's office or a special police investigation force with victim care components. Both of these ideas were rejected, however, due to the concern that project identification with a law enforcement agency might dissuade victims from coming forward. Ultimately, the Board decided the best approach would be to attend to the emotional needs of the victim. If an agency or program first dealt with the victim's trauma and helped her re-establish her self-confidence, confidence in the criminal justice system would then be more easily engendered. Treat the victim and then prosecute the rapist.

To the credit of criminal justice agencies in the Des Moines area, this approach was accepted. County Prosecutor Ray Fenton, who had initially intended to seek funds for a special sex crimes prosecutor, cooperated with the advisory board by allowing funds to be sought for a separate crisis center through those funds earmarked for prosecution by the Iowa Crime Commission. He further promised to provide the in-kind services of one full-time prosecutor to coordinate with the center and to assume the responsibility for prosecuting all assaults. Funds being available, the advisory board was then faced with the task of organizing a rape crisis center.

2.2 Organization

The lesson of the previous six months was not lost on the advisory board: the entire community must be involved to elicit maximum support and achieve the best results. Rather than affiliate itself with any single existing agency, the advisory board chose to form a non-profit corporation with a Board of Directors composed of representatives from all major social service agencies in Des Moines. That Board would be responsible for setting up, staffing, and promoting a Rape/Sexual Assault Care Center.

The R/SACC was incorporated on August 8, 1974. (See Appendix A for articles of incorporation.) In conjunction with the Iowa Crime Commission, the funding agency, the incorporators established the R/SACC by-laws. These by-laws state:

> The purpose of this organization shall be:
>
> a. to provide immediate and continuing counseling for the victims of rape and sexual assault and referral to appropriate medical, legal, and psychological services, upon the request of the victim;
>
> b. to cooperate in every way possible with law enforcement agencies, including the Polk County Sheriff's office, the police departments of the cities and towns within Polk County, and the Polk County Attorney's office, to bring about a greater arrest and conviction rate for the crimes of rape and sexual assault;
>
> c. to educate the public and law enforcement personnel about the crimes of rape and sexual assault and their effect on victims;
>
> d. to educate people to protect themselves effectively against attack.

The by-laws also established the make-up and mandate of the Board. As can be readily seen in the following excerpts, total community involvement is the goal:

Article III: Board of Directors

Section 1. The Board of Directors shall consist of:

a. one elected or appointed representative from every interested organization in Polk County;

b. one representative of each police department in Polk County; one representative from the Polk County Sheriff's office; one representative appointed by the Polk County Board of Supervisors;

c. two representatives appointed by the mayor of the City of Des Moines, and one representative appointed by each of the mayors of the other cities and towns in Polk County;

d. two representatives appointed by the Des Moines School District and one representative appointed by each of the other school districts whose geographical jurisdiction lies within or partially within Polk County;

e. five members selected at large by the Board of Directors at its first official meeting, and at each annual meeting thereafter;

f. any organization in Polk County which may desire representation on the Board of Directors, and has not applied for such representation before September 5, 1974, shall submit its application for membership in writing to the Board of Directors...

Section 3. The Board of Directors shall have all necessary and reasonable powers to carry out the purposes of the corporation as set out above.

2.3 Administration

The intent of the Center to involve and gain the support of as many organizations and institutions as possible has been successfully accomplished, for the governing board is composed of 75 representatives from 26 Polk County organizations. The Center's executive functions are conducted by the Board's executive committee which meets on a monthly basis with the program (the full Board meets four times a year). The rest of the Board members are assigned to committees usually according to their particular expertise. The functions of each committee are outlined below:

- By-laws--study and recommend any changes needed to help obtain the objectives of R/SACC
- Finance and Budget--establish budget needs; establish insurance needs; recommend future funding sources
- Nominating--recommend slate of candidates for officers for the following year
- Office Facilities--establish needs and recommend ways to improve appearance of office; help office staff in any appropriate way as needs arise
- Personnel--advertise, interview, and recommend hiring of personnel; develop job descriptions and review performance; research need for any increase in staff
- Inter-Governmental Relations--provide communication between R/SACC and the governmental units that the committee members represent regarding concerns, needs and information
- Community Education--develop materials for R/SACC (i.e., brochure); review printed or visual material and recommend it if applicable for use by Center; help develop resource library, initiate publicity via mass media
- Supportive Services--develop Speaker's Bureau; initiate contacts for Speaker's Bureau and schedule speakers; coordinate orientation of Board members and Speaker's Bureau; coordinate workshops sponsored by the Center; develop resource persons for student information requests
- Victim Services--develop guidelines for coordinator regarding: (a) scope of Center's role in dealing with clients, (b) determining referrals to other agencies; provide resources for coordinator and/or designated counselors in improving interviewing and counseling skills; work with the coordinator to develop guidelines for use of other counselors, part-time staff, and/or volunteers
- Long-Range Planning--determine services to be provided and area to be served; determine the Center's relationship to other institutions and agencies; explore sources of future funding.

The importance of the Board of Directors' broad community base cannot be overstated. Representing a wide spectrum of organizations, the Board has "legitimized" Polk County's rape crisis center in the eyes of the legal, medical, and social institutions of the city. Moreover, the Board's committee functions have provided R/SACC with an extraordinarily expert and influential cadre of volunteers. The committee functions are further supported by members of a Speaker's Bureau composed of Board members or individuals recruited by the Board because of some particular expertise. Here are a few examples of the committee/member pairings which will provide insight into just how helpful this volunteer staff can be:

- Budget and Finance Committees/representatives of Polk County Board of Supervisors
- Inter-Governmental Relations/representatives of County D.A., ten police departments, two mayor's offices and the County Sheriff
- Community Education/Des Moines School District representative
- Victim Services/Broadlawns Hospital representative
- Long-Range Planning/Des Moines Mayor's office and an at-large member who is also an Assistant Attorney General.

2.4 Staff

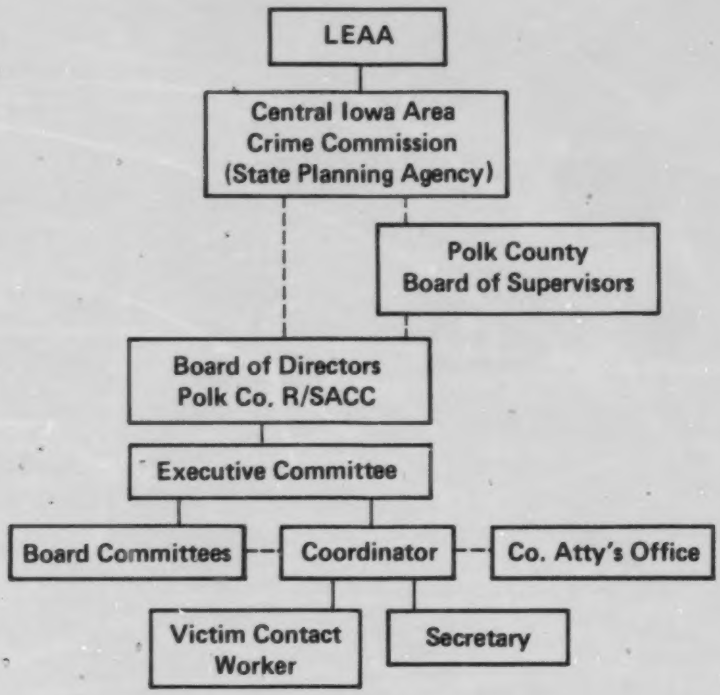
The Center has three full-time staff positions--a program coordinator, a victim contact worker, and a secretary. In addition, a full-time prosecutor is linked to the Center and is responsible for prosecuting all Center cases.

The program coordinator, Corinne Whitlatch, shares victim contact work (on a 24-hour alert basis) with the victim contact worker, and is responsible for coordinating activities with the special prosecutor and the Board and its committees. The victim contact worker, Carole Meade, in addition to her contact and counseling activities, has been active with the Speaker's Bureau, and conducts in-service professional training. The special prosecutor, Karla Fultz, is regarded as one of the top attorneys in the Prosecutor's Office. She is also chairperson of the Inter-Governmental Relations Committee and during R/SACC's planning stages, co-chaired the committee created to form the Center. Karla and Corinne have held their positions since the Center began operations.

Office space for R/SACC (three rent-free rooms) has been donated by the Iowa Lutheran Hospital, and has been in use since October, 1974. Much of the contact with victims, however, takes place in other locations. Since the support provided by the victim contact worker is not limited to a clinical setting or to clinical topics (both potential sources of discomfort), victims are more willing and able to provide information. In fact, victim support often takes place over coffee at the victim's house or business. This personal, informal approach usually begins during the first encounter.

2.5 Funding

The R/SACC is currently completing its second year funding cycle. During the first two years, program funds have come from the Iowa Crime Commission as LEAA State Block Grant Funds earmarked for prosecution. The following chart illustrates both the funding and project organization.


LEAA
Central Iowa Area Crime Commission (State Planning Agency)
Polk County Board of Supervisors
Board of Directors Polk Co. R/SACC
Executive Committee
Board Committees
Coordinator
Co. Atty's Office
Victim Contact Worker
Secretary

The Polk County Board of Supervisors, which is responsible for budgeting and administrative operations for the County has served as a clearinghouse for the SPA funds to the R/SACC. Now that the two-year funding cycle has come to a close, the County Board of Supervisors (as of June 30, 1976) has assumed fiscal responsibility for the R/SACC. The Board's Office of Administrative Operation is currently in the process of planning the future administrative organization of the Center. Currently, that office has committed County funds for the next two years without administrative changes, and is considering the future development of a wider, community service agency of which R/SACC would be one component. In any event, the County is committed to the Center's goals and basic method of operation for the foreseeable future.

2.6 Replication

Although R/SACC's goals are closely aligned with those of most other rape crisis centers, the actual goals of a center are commonly dictated as much by external as internal factors. Of crucial concern in defining project goals are the community's level of awareness and the existing laws and agency procedures, the financial resources available, and the project's political identification. Often, the more activist feminist groups want no contact with criminal justice agencies and limit their activity to lobbying for law reform or providing victim services (i.e., crisis and follow-up counseling). Indeed because of their limited contacts, centers with a militant orientation are apt to have an additional goal--to create a context in which women help themselves and each other. They may earn the reputation of being anti-male, anti-professional, and difficult for more conventional groups to work with. On the other hand, the more establishment-oriented projects are not only willing to work more closely with community agencies (and vice versa); they also tend to have direct access to these agencies by virtue of their political affiliations. Thus the political identification of the project is often the most crucial variable in determining project orientation.

R/SACC is a creation of the Iowa feminist movement, which is largely composed of professional women with established political ties. Unlike many centers that are spin-offs of consciousness-raising women's organizations, the wide scope and non-partisan nature of R/SACC's Board of Directors and the active involvement of its committees have made the Center known and respected throughout the community. Such a structure could be replicated in a community with the size and stability of Des Moines (201,000 in the 1970 Census). In areas of more than 500,000 or with a more transient population, reliance on volunteer support may be more difficult. This is not to say that Des Moines has some unique degree of homogeneity, but that there is a sense of "home-townness" and community stake that may be limited by size and mobility.

In addition to stimulating community respect and support, the active participation of R/SACC's Board of Directors also eliminates the need to subcontract service components. Such an organization is clearly less costly and perhaps ultimately more effective in promoting community responsibility for the treatment of rape victims and offenders.

CHAPTER 3
VICTIM SERVICES COORDINATION

> "Under the impact of feminist investigations and increasing publicity about such neglect, more hospitals are now opening their doors to rape victims and providing better care. What is most needed is not special medical care, but something more difficult to obtain--understanding and concern. In the peculiarly complex and emotion-wrought crime of rape, special care must be taken that would-be healers do not also become unwitting oppressors."*

Much recent public attention has been directed at the institutions rape victims must confront if they report the crime. Criticism has been leveled at hospitals (not to mention police departments) for their alleged insensitivity in perpetuating the attitudes and social myths that add to the victim's trauma. Hospitals and social service agencies are the non-legal organizations confronted by rape victims as they strive to return to pre-rape normality, both physical and emotional. R/SACC's coordination with these two service components is the subject of this chapter.

3.1 Medical Facilities

Before the widespread public attention to rape, victims of sexual assault in and around Polk County were given support and treatment in, at best, a lackadaisical manner. There was no continuity of approach or communication between law enforcement officials and medical personnel. Typically the victim would appear in a hospital emergency ward without prior warning to the staff. After the victim arrived, it was not often explained to her what was about to happen. Meanwhile, police continued to question her. Doctors rarely knew what became of their patients after the exam since few victims came back for the follow-up exam. Nor was the relationship between the attorney's office and medical personnel close.

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* N. Gager & C. Schurr, Sexual Assault: Confronting Rape in America, pp. 109, 128.

Many area private hospitals refused to give examinations to rape victims when they could get help at Broadlawns, Polk County's public hospital in Des Moines. One victim was even refused treatment after travelling 60 miles to receive medical attention. Hospitals in the area where she was raped were not adept at handling sexual assault cases as they received so few. Upon contacting a private hospital in Des Moines, much to her chagrin she found that not only were they not predisposed to handle such cases, but they refused examination when she was unable to offer proof that she had medical insurance covering such assault.

When R/SACC was formed, one of its major tasks was to review hospital procedures for treating rape victims and to recommend revisions that would create a Standard Operating Procedure (SOP). In conjunction with the Metropolitan Emergency Department Committee (MEDC), rape treatment procedures were developed that insure medical thoroughness, the psychological well-being of the victim, and the proper preservation of necessary evidence. The MEDC is composed of nurses, interns, and other medical personnel involved in the treatment of patients in the emergency wards of all metropolitan hospitals. This committee, whose main function is policy making and service coordination for patients, is chaired by Dr. Michael Abrams, who is also the Director of the Emergency Ward of Broadlawns Hospital, a member of R/SACC Board of Directors and chairperson of the Board's Long-Range Planning Committee. The procedures developed in conjunction with the MEDC are currently in effect in Broadlawns Hospital, the city's largest public hospital, while other hospitals have adopted the same or similar policies.

This protocol reflects careful consideration of the victim's non-medical needs. It is aimed at insuring sensitivity by attending personnel, as well as eliminating needless questions that could upset the victim. The hostility generated by previous examination procedures has been eliminated. The examination is much more pleasant with a minimum of patient objections to certain procedures. (In the past, rape victims would often bicker with medical personnel, and would refuse to undergo certain tests--specifically, parts of the pelvic exam--if they did not understand their importance or relevance.)

Dr. Abrams is quick to point out the tremendous help he received from R/SACC's coordinator in the smooth development of a professional procedure. Not only has she used her general counseling skills to help sensitize medical personnel to the emotional needs of victims, but her knowledge of what goes on during the medical examination has helped her prepare victims before they enter the emergency ward. Fewer women are bathing and douching immediately after the assault, allowing for the preservation of possible prosecutorial evidence.

When the victim undergoes the medical examination, she is treated as a "psychological emergency," for rape is a crime of violence resulting in psychological trauma. The nurse talks about the exam, making sure that the patient understands completely what is about to happen. Broadlawns Hospital has five private examination rooms, so the victim does not have to wait for extended periods of time as was the case previously. Most victims, either through the police or R/SACC, contact Broadlawns ahead of time, and the hospital staff has a room ready for her when she arrives. Says Dr. Abrams, "The more time (the victim has) to think about the event without treatment, the worse her emotional framework becomes."

After the examination the victim can then wash or bathe. She is given a fresh set of clothing that R/SACC has assisted in providing. These clothes include underwear, blouses, wraps, skirts, and robes--nothing elaborate, just comfortable clothing to help the victim relax until she can change into her own clothes.

No interrogation occurs during the medical examination, which was not necessarily true a few years earlier. The only people the victim comes in contact with in the examining room are a doctor, a nurse, and usually the Center's victim contact worker. Police officers are absent from the examination. "That only confuses the issue," asserts Dr. Abrams. "They (victims) are here for medical help, not questions."

The examination costs anywhere between $50 and $80, and can go much higher depending on the extent of injury, tests for venereal disease or pregnancy, etc. While Iowa Blue Cross and Blue Shield only pay the costs if the victim has been visibly beaten, four Polk County hospitals, Des Moines General, Iowa Methodist, Mercy and Northwest Community Hospitals, have adopted the Broadlawns policy of eliminating fees remaining after insurance billing for those sexual assault victims who accept service from R/SACC. In addition, the Iowa Senate has passed an amendment to the Criminal Code Revision which will take effect January 1, 1978, requiring that treatment for rape victims be paid out of County funds.

Each Polk County hospital has representatives on R/SACC's Board of Directors. Again, the importance of a broad-based Board of Directors emerges, for such Center/hospital coordination and cooperation prompts all County hospitals to contact the Center upon notification that a rape victim is arriving or has arrived. The Center's staff member then remains with the victim, if she so wishes, through the examination and is available to explain the procedures to both her and her family. R/SACC actively cooperated with medical institutions in 101 cases during its first year of operations, and was actually present during the medical examination in 96 of these cases. While most of the cases involved Broadlawns Hospital, case cooperation in at least one instance is recorded for each of the hospitals in Polk County. Broadlawns, like other public hospitals, differs from private hospitals in relation to rape victims not so much in procedure but in orientation. They have a different financial base, and, according to Dr. Abrams, are more dedicated, allowing them to "take care first and ask questions later." As a result, the Broadlawns emergency room is by far the busiest in the County. Thus, for reasons of cost and visibility it is a sound choice as the R/SACC's primary medical contact.

3.2 Medical Examination

The importance of a properly conducted medical examination cannot be overstated. If an accurate, legible, and complete medical record is prepared the charts and tests will speak for themselves. The physician need only be present in court for certification of tests and medical records. The Polk County Attorney's Office has papers on laboratory test analysis and rape exams which answer all questions that may arise. The protocol and recording instruments are now an accepted and expected component of every Polk County rape trial.

3.2.1 Medical Examination Protocol

The following is a synopsis of the protocol developed by Dr. Abrams and employed at the Broadlawns Hospital.

First Contact With the Victim

It is vitally important that the victim be put at ease immediately and that she understand what is about to happen to her and why. It is suggested that emergency room staff meet her at the door and promptly escort her to the examination room. A statement like the following should suffice:

> *"Hello, my name is Nurse ________________ (or Dr. ________________). We know you've been through a very traumatic and shocking experience. It may be hard for you to talk about what just happened. We need to ask you some questions to help you medically and to help you legally. We need to do an examination and collect some specimens for testing. We will explain the why for each question and test. If at any time you have a question, or don't feel like talking, we understand why and we'll try to answer your questions. We want to help you the best way we know how."*

Pre-Examination Considerations

- *Preparing a medical records sheet: age, date of birth, etc.*
- *Patient consent to examination and consent to release information to police. If patient is a minor parental consent is necessary for both.*
- *Explanation of pelvic examination and determination whether prior ones have occurred.*

- Informing patient of R/SACC if not yet done. If R/SACC counselor is already present, plan for mutual cooperation.

Written Medical History

Throughout the interview, it is important to explain before asking the question, why you need to have the answer, to avoid appearing judgmental.

- If patient desires to tell the whole situation, it is her choice. It is not medically-legally necessary for the physician to write down the total event. Items in the history regarding physical injury are medically important. Inquire about anal or oral intercourse; patient may not volunteer such because of embarrassment or lack of terminology.
- Time and date of assault.
- Last normal menstrual period and current contraceptive usage--explanation: to determine the chance of previous pregnancy and time of ovulation and possibility of pregnancy.
- Determine if there has been any bathing, douching, gargling since time of sexual assault--explanation: washing away semen, spermatozoa, blood, tissue, hairs, etc.
- Last time patient had vaginal sexual intercourse--explanation: if in past 24 hours, semen/typing would be necessary.
- Current symptoms, such as pain, bleeding, cuts, bruises, etc.

Physical Examination

- Emotional status of patient, i.e., oriented, controlled, extremely agitated.
- Pulse, blood pressure, temperature.

- *Collect possible evidence-bearing clothing. Exam for presence of blood, hair, semen, and other particles, i.e., grass, dirt. The Woods ultraviolet lamp can be used to detect secretions in clothing. Place clothing in bag, seal, write identifying information on it and hold or give to police. The police may examine instead of physician.*

- *A very close exam of the patient's skin, hair, fingernails to detect bruises, bites, lacerations, semen, blood and evidence of trauma. Foreign matter, i.e., alien pubic hair, grass, fingernail scrapings--seal in envelope and write identifying information.*

- *Pelvic exam:*

    - *External genitalia, thighs, anus to be closely observed for trauma and dried secretions. The ultraviolet lamp is used to detect dried secretions.*

    - *Vaginal speculum exam: inspect for sperm, lacerations and bleeding.*

    - *Bimanual exam. Physician uses one hand intra-vaginally and one hand on abdomen. Detects uterus size and position, pain and size of ovaries and tubes and checks for unseen vaginal tears and internal damage. The rectum is also examined to detect lacerations and for pain. If history of anal intercourse, smears for sperm and acid phosphatase.*

    - *Pharynx and throat exam if patient gives history of oral intercourse.*

    - *A urine analysis will often show sperm up to 8-12 hours after vaginal intercourse. Urine specimen for pregnancy test, especially if estrogens are given for therapy reasons (optional).*

Medical Diagnosis

Sexual Assault or Suspected Rape

Diagnosis as "sexual assault" is preferred since that term has no legal connotation (in Iowa). When the legal term, "rape" is used, it is necessary to precede it with "suspected". The term "alleged" is unacceptable as it connotes disbelief.

Medical Treatment and Considerations

- *Immediate repair of any lacerations, and dressing for abrasions, etc.*
- *Tetanus toxoid given if indicated for lacerations.*
- *Venereal disease question: testing for gonorrhea and syphilis at the time of exam can be optional. Other venereal diseases to be considered are Herpes progenitalis virus, venereal warts virus, hepatitis B virus, mycoplasma and trachomitis viruses. Trichomonas and candida have been mentioned. If no test at this time, arrange for immediate future.*
- *Pregnancy considerations:*
    - *Pregnancy is rare with rape. There is a calculated 4% chance of pregnancy with one intravaginal penetration with viable sperm if it happens during time a woman ovulates.*
    - *Patient has several alternatives. It need not be an issue at time of initial exam. Patient is under extreme pressure and questions of pregnancy and abortion may only increase her conflict.*

Medical-Legal Responsibilities

- *If an accurate, legible and complete medical record is done, the chart and tests will speak for themselves. The physician only to be present in court for certification of tests and medical records.*

- *The main responsibility legally for the medical personnel to determine and document whether* *__penetration__*, *with or without ejaculation, occurred in the vagina, anus and/or mouth. The mere entrance of the penis into the vulva or between the labia majora is sufficient to constitute penetration. Also to document bruises and lacerations.*

- *Medical personnel are not responsible for determining whether the sexual assault was against the will of the assaulted.*

Meaning and Value of the Evidence

- *__Spermatozoa__: One of the best indicators of recent vaginal intercourse. Live sperm indicates intercourse within 3-4 hours and, in rare instances, up to 24 hours. Most intravaginal sperm die after 4 hours but can stay intact up to 72 hours. The dried Pap smear slide for sperm becomes the most critical test if patient is examined 13 or more hours after the assault. The fixed slide is kept for 5-10 years as evidence.*

- *__Acid Phosphatase__:*
    - *Since the increased incidence of vasectomies, this test has become a vital necessity to prove sexual intercourse within the past 12 hours.*
    - *Acid phosphatase is secreted by the prostate into seminal vesicle fluid called semen. Acid phosphatase stays stable up to 12 hours after ejaculation and can be detected intravaginally/orally/rectally on the skin and recovered from clothing.*
    - *Acid phosphatase can be frozen for preservation up to one year without appreciable loss of quantity.*

Tests and Time Factors

In the first four hours after intercourse, live sperm is the best evidence. If no sperm is present the acid phsophatase is *best test up to 12 hours after intercourse. After 12 hours, dead sperm can be present for 48 hours if no bathing or douching and the dried, Pap smear is best test. After 48 hours, pregnancy is best indicator of intercourse.*

Semen Typing

Semen typing is best done from dried seminal stains found in patient's clothing. The BCI Lab has this capability. Typing semen from vaginal secretions can be done, but the patient's blood has to be drawn and typed also.

3.2.2 Training

Medical personnel assisting rape victims should fully understand all rape treatment procedures in their facility, and receive training sensitizing them to the victim's needs. Such training ideally should be incorporated into the curricula of professional schools. Rape crisis centers can help promote its incorporation by participating in the in-service training for medical personnel. With R/SACC participating, training has been conducted in all Polk County hospitals. These training sessions are mostly informational seminars regarding the medical procedures, with a "sensitivity training" segment that attempts to make medical personnel aware of some of the problems of a victim. Dr. Abrams and the R/SACC coordinator have spoken on occasion to the Iowa State Medical Records Meeting and to the Emergency Department Nurses Association. Together they show slides and a film, "The Reality of Rape," to the nurses in training. Due to the rotation of nurses in a given emergency ward, Dr. Abrams and the project coordinator speak to nurses twice a year to insure reaching everyone. Last year they spoke more than two times due to increased interest.

That the Center has been instrumental in cooperating with and sensitizing the personnel of medical facilities is echoed in this quote by Dr. Abrams: "If other agencies are to do what R/SACC does, why hasn't it been done?" The in-service training provided by the R/SACC staff and Dr. Abrams, in addition to insuring that all the procedures listed in 3.2.1 take place, also helps doctors, nurses and other hospital staff realize that the victim has just undergone a life-threatening and emotional trauma. Staff must be aware that their attitudes, if negative, can severely impair the victim's recovery in the long term by increasing her feelings of guilt. In the short term, they may hamper her ability to provide law enforcement personnel with crucial information in the critical few hours immediately after the assault. Thus, the following guidelines are impressed on all staff. The role of medical personnel is to:

- Identify and treat injuries in need of treatment;
- Insure proper arrangements are made for tests (and treatment if necessary) for pregnancy and venereal disease;
- Record all indices that intercourse occurred, paying minute attention to data collection forms provided in the emergency room.

The role of medical personnel is not:

- To determine whether or not consent was given;
- To evaluate or comment upon the victim's behavior.

3.3 Counseling and Supportive Services

R/SACC provides social services to rape and sexual assault victims in three main ways: 1) by lessening the victim's trauma during the immediate post-crisis period; 2) by easing the victim's return to normal life; and 3) by supporting the victim and her family through all criminal justice proceedings. Since many of Polk County's social service professional agencies and community organizations have representatives on the Center's Board of Directors, coordination with social service agencies has progressed well. During the first operational year R/SACC received 42 referrals from 19 agencies and referred 20 victims to other agencies. All Center services are free to clients and confidentiality is assured.

3.3.1 Post-Crisis Counseling

Most centers attempt to provide a 24-hour-a-day hotline service so that a victim can have contact with a counselor immediately following the rape. R/SACC uses trained and supervised personnel for its 24-hour telephone counseling service. Not only are the Center's coordinator and victim contact worker dedicated and well trained in crisis intervention skills, but other people who are among the first contacted by the victim -- Sheriff's Department personnel, police officers, doctors -- have all been sensitized by R/SACC concerning victim counseling and needs. Through the physical presence of the female coordinator or victim contact worker, the Center provides support and information to the victim (and family and friends as needed) during the hospital examination, in making the decision to report the assault, and during the contact with law enforcement personnel.

Reporting the assault is not a condition for receiving the services of the Center or for the medical examination. All the same, the Center uses "gentle persuasion" to encourage the victim to report. It is explained that reporting will increase the chances of apprehending the offender. Although the medical examination and criminal proceedings might be traumatic for her, Center personnel will support her all the way. More importantly, she would be doing a service to other women of the community who might fall prey to that assailant if he is not arrested and punished. Most women who contact the Center do decide to report the crime as a result of Center encouragement and support.

3.3.2 Follow-up Counseling

Before the existence of R/SACC, rape victims received little or no follow-up counseling treatment. A Salvation Army worker would on occasion see a rape victim, but this support was without a planned programmatic approach. A Victim Services Committee was formed by R/SACC to aid victims by providing guidelines for staff in social service work, including guidelines for private agency referral when necessary. "Emotional support and trust are the key things to victim services," says Karilyn Broad, a social worker at Broadlawns Hospital and a member of the Center's Victim Services Committee. "Not all victims need or want counseling, and most do not need professional psychiatric counseling." Still, the Committee makes sure it is available if needed. Counseling from the Center has a dual orientation. Center staff will counsel victims until a point is reached when an organization or professional having expertise in a particular area of need might be of better service. Then the Center acts as a referral agent. There is no need to train Center personnel expertly in every social service conceivable for thorough-going counseling when such services are readily available in the community. Furthermore, long-term counseling would be inordinately difficult and expensive for the Center.

3.3.3 Victim Services Committee

The job of developing internal counseling procedures, including when and where to make referrals, is the mandate of the Victim Services Committee of the R/SACC Board of Directors. Composed of social workers and a psychologist, the Victim Services Committee performs in an advisory capacity for the Center, developing guidelines for the project coordinator and the victim contact worker concerning the scope of the Center's role in counseling clients. Together with the project coordinator, members of the Victim Services Committee have developed written guidelines for the counseling of rape victims. These guidelines are a combination of original material and material adapted from other sources. The following is a summary of those guidelines.

Role of the Counselor

In counseling and/or interviewing rape victims the following skills and abilities can be extremely useful in getting necessary information, putting the victim at ease and recognizing the limits of the counseling effort.

- *Compassion - be aware that the victim is experiencing mental and physical trauma. Be acquainted with myths and the resultant responses they may engender in the victim and her friends and family.*
- *Knowledge - of the procedural matters involved regarding the medical, law enforcement and judicial systems.*

- General Counseling Skills - be on guard to recognize what is important to victim. Encourage her to express her feelings. Do not attempt to redefine the situation as being more or less critical than she sees it. Only the victim can determine how critical the situation is, since determination must be based on her values.

- Maintain Reasonable Expectations - for both the counselor and the victim. Communicate immediately what can and cannot be done. Pre-existing life problems will persist and may, in fact, be brought into sharper focus by the crisis.

- Assist in Decision-making - the victim must, of course, make all the decisions herself. However, she should be made aware that decisions need to be made regarding medical treatment, reporting to the police, child care, and informing relatives. The counselor must be aware of the available alternatives to be effective.

- Institutional Advocacy - know all the procedures followed by all agency personnel that the victim might contact. Although they have their own SOP's that are sensitive to the rape victim, those SOP's might be overlooked. Be prepared to explain all procedures.

- Family Contacts - the counselor can help the victim find support from other people in her life. The victim will often have a good intuitive idea who to tell or not and how they will react. Offer to help her tell family/friends if she wants you to. Sometimes a third party can be a buffer during the initial period of revelation.

The following excerpts from the guidelines present counselors with specific information concerning the emotional state of the victim, needs for counseling during the trial and overall "do's and don'ts" of counseling.

Feelings Frequently Felt by Rape Victim

Fear of the Rapist - The rapist overcame the victim's resistance and forced her to submit to his sexual demands. Either because of direct threats of the rapist or because media rape stories give the impression, it is likely that she felt that she would either be brutally injured or had only a few moments to live. Normal fear response may be quite generalized or specific to the rapist. The victim's fear may be particularly strong if the rapist threatened to harm her again, as often happens if he suspects she will report to the police. Fear of attack under these circumstances is a normal human fear. She is not crazy or paranoid to fear the attacker. She needs positive assurance from those around her that life is worth living and she needs to explore alternate ways of coping with her fear of attack. Help her express and specify her fear. Encourage her to list all the things she can do to protect herself including some things that are unacceptable to her such as staying home all the time behind heavily locked doors. Whatever she decides, her plan should be clear in her mind and simple to put into operation even when she is emotionally upset.

Guilt - the rape victim's feelings of guilt are difficult for her to deal with and will likely have an effect on her decision to contact the police. Many women have internalized the prevalent mythology which emphasizes the idea that women are to blame for having been raped. No matter how strongly you feel that it was not the woman's fault, it is important to let her talk and try to help her define in precise terms what she might have done "wrong" - and what she might have done differently.

Loss of Control Over Her Own Life - the rapist has forced her to submit to something she did not want to do. Possibly, she harbored some ideas before the rape that rape couldn't happen to her, that she would be able to resist or that she could take care of herself. Since the rapist overcame her resistance by force or fear, she no longer feels sure of anything about herself and her self-

determination. Sometimes even little decisions like whether to have a cigarette or whether to eat become momentous things. The victim practically has to repossess herself after the rapist took possession by force. She has to reassert the value of doing things for herself, she has to insist to herself that she is worthwhile and that she still has willpower and control over herself.

Embarrassment - she may be embarrassed to discuss the physical details of the assault. Our bodies and sexual activity have always been regarded as private and her privacy has been stripped from her by another. Telling anyone at all, including medical and law enforcement personnel, may be painful.

Wondering, Why Me? - some women wonder why the rapist chose them. What is it about them that separates them from other women? These feelings arise from the common mistaken belief that rape happens to women who "ask for it", or who in some other way made themselves noticeable. It may help her to know that this is a common, normal feeling of rape victims and that anyone can be raped. To help the victim see this, try to get her to tell you how she came in contact with the rapist before the rape occurred. He probably maneuvered the situation to lead to the rape. In short, she should be reminded that the rapist made the decision to assault her.

Anger - this is the most appropriate attitude, and it is a healthy response. When someone burglarizes our homes or runs into our cars, we are angry. The victim has been attacked and humiliated, so she should be angry. She can vent this anger in several ways, such as pressing charges, or telling other women about the attacker or the situation he created leading up to the attack. She may tend to generalize and extend the anger to all men.

In Summary - the victim needs calm, reassuring, unwavering support. She needs to know that she is not crazy. She needs help to restore her dignity and self-respect. She need not feel ashamed or guilty. She needs to see the *total rape experience for what it was, an attack on her whole being. The rape cannot be allowed to become a dominant factor in her life. Such an assault is a terrifying experience that she must incorporate into her life, and then continue living as a stronger woman. It would be damaging to repress the experience or to negate her own part in it, however small.*

Counseling at the Time of Trial

As the trial approaches, many of the victim's initial feelings will resurface and may even intensify. She faces seeing and accusing her attacker and telling about what happened before a jury and open court. The defense will be either that she has incorrectly identified the rapist, that sexual intercourse did not take place, or that she consented to the intercourse. Any line of defense will make her feel that she is not believed. The questioning will be embarrassing in its detail and frustrating and irritating as the attorney will attempt to confuse her and cast doubt on her credibility and character.

She will be helped by recognizing that it will all be over soon. She will no longer have to keep details fresh in her memory and can allow herself to forget. The prosecuting attorney should become acquainted with the victim prior to trial and should explain courtroom procedures to her and discuss with her the likely defense. The sexual assault counselor is invaluable at time of trial. The victim needs to recognize and express her feelings and not suppress them in her attempt to view the trial objectively.

She should be prepared for the possibility of acquittal and encouraged to recognize that successful prosecution of rape is very difficult, and acquittal does not necessarily mean that she was not believed. "Proof beyond a reasonable doubt" is a necessity for conviction. Technical and legal problems are also often factors in acquittal.

She should not be present in the courtroom except when testifying. Hearing the other testimony will intensify her negative feelings, and the jurors may be distracted by her presence or influenced by her reaction/nonreaction.

Tips for Counselors

1. *Just listening and indicating that you understand is very important to the victim. By trying to share her feelings of the moment she is, in essence, helping herself.*

2. *During the impact period, the victim is hypersensitive to any action or statement which you might make and often fears "pressure" from you even when she is asking for advice.*

3. *Even if the woman states that she is a relative or friend of the victim, keep in mind that it might be the victim herself. Some women cannot bring themselves to admit to the fact immediately.*

4. *For the victim who has difficulty in communicating, the counselor can usually begin by asking her how she feels.*

5. *Assure the victim that she has not been singled out for an attack, but that what has happened to her has happened to thousands of other women.*

6. *Do not phrase questions in a manner which will inhibit the victim, such as, "Are you using a form of birth control?" Say instead, "Do you have any physical concerns right now?"*

7. *It helps the victim to be told that this experience will cause a disruption to her life for a while.*

8. *If she feels guilt because she failed to fight, tell her that fear inhibits most people or that survival is the most important thing -- depending upon the individual situation.*

9. *If she is alone, offer to call someone for her. If she does not want anyone called, assure her that you will be available if she needs to call again.*

While the R/SACC staff receives continuing consultation from the members of the Victim Services Committee regarding victim counseling needs and approaches, the counseling goal of the Rape/Sexual Assault Care Center is to deal with the immediate crisis situation and to minimize the stresses of the aftermath of the sexual assault -- in other words, to attempt to return the victim to her pre-assault state. In an effort to be available to victims after the immediate crisis has passed, R/SACC conducts a follow-up phone call or visit, and arranges for appropriate medical follow-up regarding possible and actual venereal disease and pregnancy. Any on-going counseling needs which are not directly related to the assault are handled by referral to other professional agencies. Victims have been referred to such agencies as: Planned Parenthood, Child Guidance Center, Legal Aid, Child Protective Service, and Iowa Runaway Service.

The Center also sends a follow-up questionnaire to the victims of rape or sexual assault who have had contact with either the coordinator, victim contact worker, or special prosecutor in their work with R/SACC. "The best way to evaluate (the Center's success) is to ask those people what they think," feels Corinne Whitlatch, project coordinator. Of those who responded (all replies are anonymous), more than 80 percent felt that the Center was at least somewhat helpful (see Appendix B). Some of the comments included:

> "I was told about the Center when I arrived at the hospital. Corinne was there almost immediately. She stayed with me through the police questioning, examination, drove me home, took me to the police station. She made me feel as comfortable as possible in a situation like that."
>
> "It was good to know someone was there."
>
> "They made me feel a lot better. And more at ease when I went to court. Because I knew the women at the Rape Center were behind me all the way."

> "Without feeling someone really understood and cared,
> I couldn't have made it."

Not only does R/SACC provide in-service training to medical facility personnel, it provides training to the staff at many community agencies regarding both the physical and emotional needs of victims, and the criminal justice process in rape/sexual assault cases. Participating agencies include Youth Services, Child Protective Service, Goodwill Centers, and Planned Parenthood. In addition, R/SACC assists case workers of other agencies and provides counseling advice and information to victims of past sexual assaults that have no current relevance to the criminal justice system.

3.3.4 Criminal Justice Support

Of course, the most intensive work for the Center involves those cases where the victim pursues prosecution, due to the additional stress of that experience. Of critical importance is the support given the victim by the physical presence of the coordinator or contact worker during every phase of law enforcement contact. The police interrogation and possible administration of a lie detector test can cause a great deal of anxiety that is reduced when a woman who is familiar with the proceedings is present and lends support. The Center staff members also remain by the victim's side during the court proceedings, often assuming the responsibility of transporting the victim to and from court. This support is of tremendous value. Said one victim, "(the counselor) helped at the courthouse in explaining what was going to happen, questions I'd be asked, etc. (She was) very helpful with information and understanding."

3.4 Replication

Since R/SACC does not engage in any long-term counseling effort but instead acts as a clearinghouse, this type of project must necessarily have strong linkages with appropriate community service agencies. Although this is related to the Board's role in establishing linkages, community size is not much of a limiting facet as larger cities would have a greater abundance of agencies to call upon.

Although many projects are neither affiliated nor identified (in the eyes of victims) with a specific component of the medical, social, and criminal justice institutions in their communities, the institutionalization of project-related procedures is crucial to the success of any rape crisis center. All too often medical examiners are unaccustomed to looking for or recording non-medical corroborative evidence (such as grass stains, pubic hairs, or threads of clothing) that could be essential for prosecution. R/SACC has been effective in formalizing procedures for medical examinations, police interrogations and prosecution. In Des Moines, these changes all appear to have been instrumental in de-traumatizing the process for victims and in encouraging them to pursue prosecution. This can be replicated through a rape crisis center willing and able to provide the necessary training and materials. Of course the agencies themselves can decide to adopt similar procedures and seek out materials or guidance. Whether pursued formally or informally, the only bar is the willingness of appropriate agencies to adopt procedures sensitive to the concerns of victims of rape and sexual assault.

CHAPTER 4
CRIMINAL JUSTICE SYSTEM COORDINATION

Three major criminal justice system agencies are located in Polk County: the Des Moines Police Department, the Polk County Sheriff's Department and the County Prosecutor's Office.* A major goal of the R/SACC is to serve as a resource to these agencies in order to increase rape reports, arrests, and convictions. R/SACC's aim is to be considered an integral part of each agency's overall approach to the conduct of a rape investigation or prosecution. This chapter details the interagency coordination between R/SACC and each one of the three criminal justice components.

4.1 Des Moines Police Department

For the most part, R/SACC enjoys good relations with both the major enforcement agencies, the Des Moines Police Department and the Polk County Sheriff's Department. In the case of the former the relationship is somewhat less institutionalized than desired but still apparently effective as far as the victim is concerned. R/SACC staff have two primary interests. The first is insuring that police-victim contact results in Center contact so that a Center representative can be present during the police inter-

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* There are, of course, the Police Departments of the various smaller cities within Polk County. They are all familiar with and supportive of the R/SACC (in fact, are represented on the Board). However, their incident contacts are few.

view.* The second is insuring that police personnel are trained to be both sensitive to the needs of the victim and aware of the particular evidentiary needs for successful rape prosecution. The Center is attempting to formulate a Standard Operating Procedure (SOP) for the police to adopt. Pending such an SOP, however, it has already been arranged that the police dispatcher notify the R/SACC when a sexual assault report is made.

The R/SACC coordinator also speaks periodically at police roll call reviewing the Center's goals and updating the line staff on any new R/SACC services. She explains at that time the benefit of having the victim contact worker present during the interview and the ways she may be useful to the investigating officer. As explained to officers, the victim contact worker can:

- Help to calm the victim so that the police report can be quicker and more complete;
- Assist in such tasks as providing fresh clothing and telling/calming the victim's relatives;
- As a woman, ease the victim's embarrassment at telling about the actual sex act and can explain to the victim why consent and sex questions are necessary;
- Relieve the victim's apprehension about going to the hospital and, in fact, accompany the victim to the hospital if the officer is needed to pursue the investigation or secure the scene; and
- Encourage her to be fully truthful and relieve apprehension the victim might have about the police.

In addition to making this type of presentation at police roll call, the R/SACC has also been instrumental in discontinuing the dissemination of an outmoded SOP regarding rape.

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* There is no question that the Center will ultimately be contacted because the police will take the victim to Broadlawns, which contacts the R/SACC as standard procedure (see Chapter 3).

4.2 Police Training

Of course, discontinuing an outmoded SOP and explaining the various benefits of the R/SACC to patrol officers at roll call does not insure a good rape investigation. Realizing this, the R/SACC staff, along with the special prosecutor, are involved in rape investigation instruction at the Des Moines Police Academy. To that end, the R/SACC staff has developed training guides and materials for the investigation of sexual assaults. These are summarized below.

Guidelines for Investigation of Sex Crimes

The investigating officer of an incident of rape has a dual responsibility: to deal appropriately with the emotional distress of the victim and her family, and to properly investigate the case and preserve the evidence for possible prosecution. These responsibilities need not be inconsistent, for a victim who is treated with kindness and patience will be of far more assistance in the investigation and will usually be a better witness for the prosecution. The guidelines presented here are of particular use to the responding police officer, whose initial investigation often provides the bulk of the prosecution's evidence at trial.

1. *The Victim -- In the crisis situation the police officer is both a social worker and a trained investigator. In dealing with the victim of a sex crime, the officer will be patient and explain what he is doing and why so that the victim understands the need for each step in the investigation procedure. A successful prosecution can only result if the entire truth is known; if the victim feels further victimized by police, accurate and full details may be lost.*

2. *The Victim's Family -- The officer will not interview the victim in the presence of family or friends, for the victim usually will not be as candid and detailed, leading to problems with the investigation.*

The officer will contact a relative or close friend of the victim if desired, and request that person to meet the victim either at the hospital after the medical examination or some place else that is convenient, and at a time that will not interfere with the initial investigation.

3. *Corroborating Evidence -- Since the only witnesses to a sex crime are the victim and the assailant, corroborating evidence, although not required by the law, is often necessary to achieve a conviction. Because what available evidence there is is frequently subject to rapid destruction (sperm, bloodstains, etc.), it is essential that every bit of possible evidence be preserved and gathered immediately.*

4. *The Victim's Statement as Evidence -- In a sex crime, statements made by the victim soon after the crime about what happened and about the identity and description of the assailant are admissible in court to corroborate the victim's testimony. Since the police officer is frequently the first person to whom the victim tells the story in any detail, he should make as complete a report of the statement as possible.*

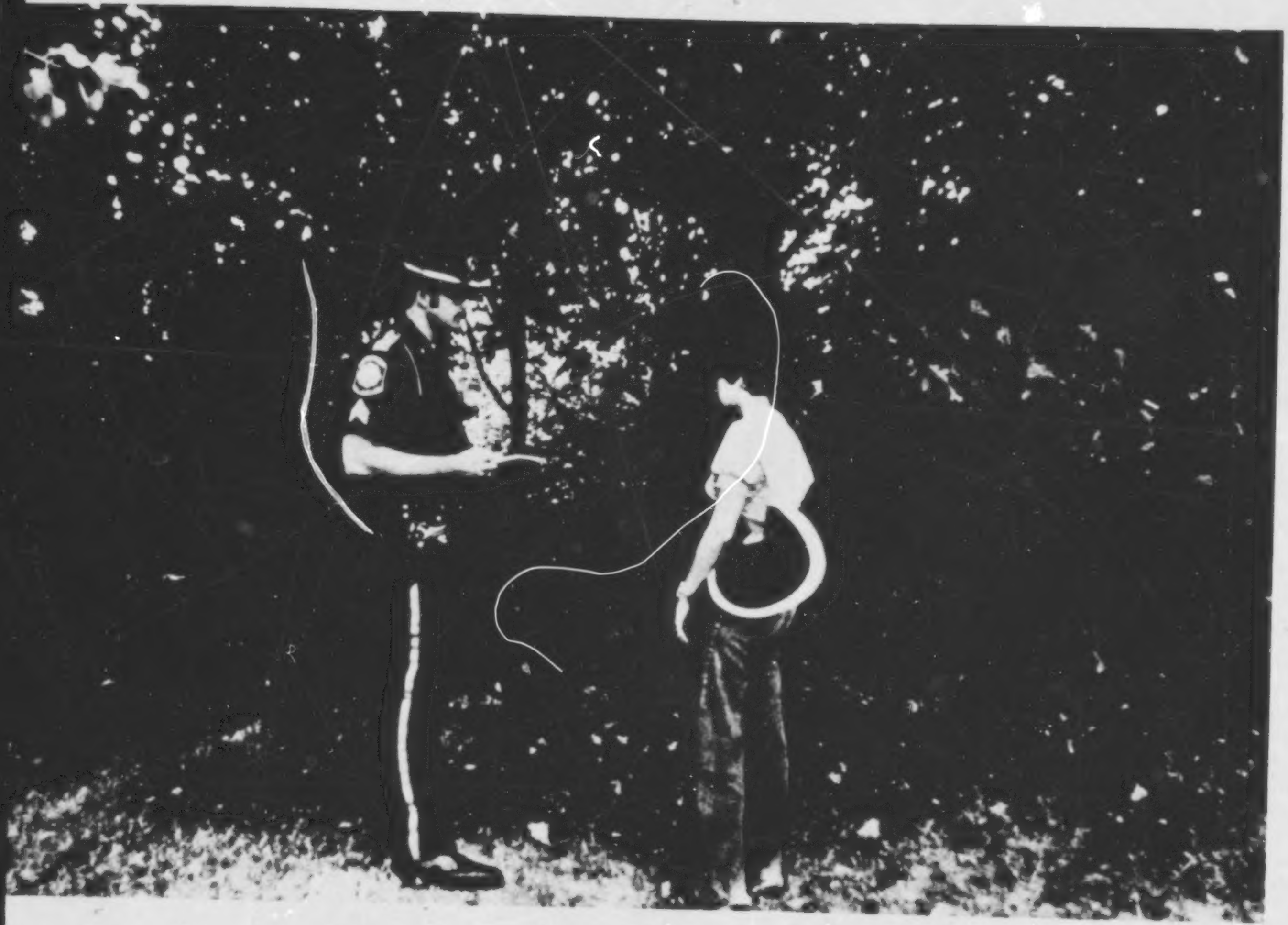
5. *Sexual Assault Counseling Services such as rape crisis centers may be of significant assistance to the police when they can work out mutually supportive operations and referral systems.*

Duties of the Officers Investigating a Sex Crime

1. *Dispatcher -- The police dispatcher receiving a call about a sex crime will advise the victim to wait wherever she is for a police squad, notify the hospital that a victim of a sexual offense will be arriving, and notify and instruct the sexual assault counselor.*

2. *Officers*

   A. *Division of Responsibility -- Upon arrival one officer will undertake the responsibility for*



dealing with and questioning the victim. His partner will assume primary responsibility for preserving the scene, gathering the evidence, seeking assistance from detectives and the crime laboratory, instructing dispatcher to notify hospital and a sexual assault counselor, and locating parent of a minor.

B. Interviewing the Victim -- The officer who interviews the victim will explain the complete investigative procedure, and obtain all of the available evidence for a possible prosecution. He will explain what kinds of evidence he needs to enable the victim to assist him, that he must know the exact location of the offense, and that the victim will have to undergo a medical examination, both to discover and treat any injuries and to gather evidence for prosecution.

C. Photographs of the victim will be taken before any cleaning or straightening up of the victim is done. These pictures will be used to illustrate to the jury the victim's physical condition at the time immediately following the assault.

D. The Medical Examination* will take place as soon after initial contact as possible for the purpose of obtaining medical evidence. The hospital should be notified prior to arrival so that personnel and an examining room can be prepared. The officer(s) should not be present in the examining room. After the examination the officer(s) should receive the following evidence from the doctor or nurse:

(a) Victim's clothing (everything relevant) unless the victim must be taken home to get other clothing first.

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* See Section 3.2.1 for the protocol developed for doctor's use during the medical examination.

(b) Photographic film to be developed by police if photographs have been taken at the hospital.

(c) Fingernail scrapings in sealed containers, if relevant.

(d) Pubic hair combings together with the comb used, in a sealed envelope and plucked or clipped hairs from the victim, in a separate sealed labeled envelope.

E. Writing the Report will be done separately and completely by each officer.

F. Witnesses -- The officer will obtain the names, addresses and phone numbers of any and all witnesses, as their statements may provide corroborating evidence.

3. Detective

A. Interviewing the Victim -- The detective must develop a rapport with the victim in order to find out everything about the offense and everything about the victim that is relevant to the case. A sexual assault counselor may be of assistance to the detective here.

B. Assignment of cases -- One detective or supervisor will act as coordinator to read and assign all sex offense cases. One detective will be assigned to be responsible for each sex offense case from the beginning of the investigation through trial.

C. Identification Procedures -- A lineup is always better than photograph identification, which should only be used as a last resort. Still, more than a mere identification of the suspect by the victim is needed to obtain a conviction.

Filing of Charges

After the investigation has been completed and all facts and circumstances recorded, the case then should be presented to the investigating officer's superior or the Prosecutor's Office for the filing of charges. The investigating officer should remember that it is his job to investigate, not to make decisions for the Prosecutor's Office. If a woman is in fact lying, a good investigation will show that and the Prosecutor's Office can make the decision and explain to the woman that it would appear there is not sufficient legal ground for the filing of the charges.

4.3 Polk County Sheriff's Department

The Polk County Sheriff's Department has enforcement responsibility throughout Polk County. Although their practice is to yield to the Des Moines Police regarding crimes in the city, many crimes which begin in the city culminate outside city limits. This is particularly true in cases in which an automobile is used. It is not uncommon for victims to be first contacted by assailants in Des Moines and then to be driven to the "country," outside the city limits, where the crime actually occurs. While the Police Department handles many more rape cases (about 4:1), the Sheriff's Office is involved in sufficient numbers (24 in the past year) to demand a standard procedure.

All rape cases reported to the Polk County Sheriff are handled by the "rape unit," one of three specialized units within the Detective Division. Upon receiving a sexual assault report the dispatch officer will notify the rape unit which is on 24-hour call. (As standard procedure, the dispatch officer also notifies the R/SACC.) The unit is comprised of two officers, one male and one female, who work as a team. Together with the R/SACC member the team works with the victim. Usually, questions concerning details of the actual assault are handled by the female member alone.

In addition to this procedure, the Sheriff's Department also maintains a mobile file on all sexual assault cases. A card index and tape recorder accompany the team on all calls and allow

for identifications, and, at times, on-the-spot confessions. The file includes a cross-index of suspect descriptions, names, vehicles, locations, and M.O.'s (including vocabulary). This is a particularly useful tool for identifying and ultimately prosecuting the multiple offender. The information is gathered through victims directly and from the third party report procedure that is conducted by the R/SACC and subscribed to by both the Police and the Sheriff's Departments. The third party report allows victims who do not wish to prosecute, but who are willing to contribute information regarding their assailant, to do so anonymously.

4.4 The Polk County Prosecutor's Office

The Prosecutor's Office is a key to the R/SACC operations. As discussed in the introduction, County Prosecutor Ray Fenton was instrumental from the very beginning in establishing the Center, and it was with the cooperation of this office that prosecution funds were sought and awarded for the R/SACC's first two years of funding. In addition, and most importantly, Mr. Fenton has designated full-time sexual assault prosecution to one prosecutor, Ms. Karla Fultz. Ms. Fultz has served in this capacity since the program's inception and in fact was on the advisory board that recommended and planned the Mayor's Conference on Rape.

With one prosecutor responsible for the case from start to finish, the internal procedure of the Prosecutor's Office changed drastically. In the past, the case would begin when the screening unit interviewed the victim and prepared the papers for the prosecutor's review. If the case was determined prosecutable, a County Attorney's Information was filed by a first assistant who prepared the case for trial, and often needed to go over the story again with the victim. If no plea was developed, the case was turned over to a trial attorney, who, of course, interviewed the victim yet again. Clearly, the lack of continuity might produce less than the best possible prosecution just as it proved traumatic for the victim.

Now, however, all aspects of the case are handled by Ms. Fultz. Now that continuity has been established, victims refer to the prosecutor as "my lawyer." In addition to working closely with the R/SACC staff, Ms. Fultz is also available to victims on a 24-hour basis should they feel a need to speak with her.

All prosecutorial decisions are Ms. Fultz's from the beginning; for instance, whether to proceed with a grand jury indictment or County Prosecutor's information. Her decisions are dictated by such variables as the weight and nature of the evidence and the emotional condition of the victim. For cases which appear weaker, a Grand Jury is a good proving ground. Cases that emerge still weak may be pled-out to lesser charges. Some victims might like the dry-run notion of testifying before the Grand Jury in a more relaxed atmosphere (no cross-examination), while others might need to end all proceedings as quickly as possible. Another consideration is the opportunity of getting a sworn statement from the Grand Jury. Throughout trial, Ms. Fultz works closely with the victim advising her of every step and what to expect. Prior to trial a visit to the empty courtroom may relax the victim and acquaint her with surroundings and the procedure. Of course, Ms. Fultz will also honor decisions not to prosecute (although not without some attempt to convince victims to continue if she thinks the case is prosecutable). However, Ms. Fultz does not first meet a victim unless that victim so requests. Karla has prepared a concise "how-to" manual for sex-crimes prosecution which appears in its entirety in Appendix C. The following highlights demonstrate case preparation and prosecution techniques.

Pre-Trial Preparations

Preparation for trial should begin when the preliminary charges are filed. Early contact with the victim is desirable to begin building a relationship marked by full cooperation. The victim should be told what legal steps will be taken. Since possible defenses are often evident this early in the case, it is important to impress on the victim the importance of telling the truth. The common tendency on the part of victims to assume guilt for the attack often prompts them to lie about some points in an effort to appear totally blameless.

In areas where crisis centers are cooperative with police and prosecutor's officers, the victim contact workers can provide valuable liaison between the prosecution and the victim. Victim contact workers can clarify aspects of the legal process that the victim does not understand, in addition to giving the victim needed support.

Other witnesses who should be interviewed include the first person to whom the victim spoke after the assault, the medical examiner (if a medical-legal protocol has not been established)*, and those who observed struggling, heard screams or any other events which would indicate lack of consent on the part of the victim. The defense that the act was consensual is frequently used by counsel for the defendant in rape cases.

Physical Evidence

The importance of physical evidence that a jury can touch, hold in their hands, and take back to the jury room with them should not be minimized. The clothing the victim was wearing, photographs of the scene, fingerprints of the assailant, weapons and hair samples are all examples of physical evidence that can be introduced at the trial of the sex crime. This evidence is provided by police and medical examiners who are well trained in the gathering of evidence in rape cases.

Depositions

The prosecutor should take the time to talk with all of these persons prior to the deposition, explaining carefully to each the reason for the deposition. The victim should be told that any questions in regard to her prior sexual conduct will be objected to by the prosecutor and that she should not answer these questions.

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* See Chapter 3.

Exclusionary Motions*

This is an important tool for the prosecutor for it can be used to exclude any mention of the victim's prior sexual conduct. In cases involving a sexual assault, juries have a tendency to try the victim. The case should be assembled with that thought in mind, with each witness corroborating as much as possible the testimony of the victim. Her credibility must be "sold."

Applicable Laws

(Each state has its own set of laws and statutes concerning the various issues surrounding sexual assault cases. Only Michigan, Florida, California, and Iowa have statutes limiting the use of past sexual conduct of a complaining witness in prosecutions for rape. Prosecutors must consult each state's law directory to construct the best possible case.)

Admissibility of Other Crimes

The evidence of the defendant's other crimes is weighed as to its probative value versus the probability to prejudice. When defense counsel has interjected language reflecting on the woman's reputation into his opening statement, this fact may be argued to be a rationale for the admissibility of such evidence.

Instructions

In the trial of rape cases, advance preparation of the instructions is very important. There is no longer an instruction dealing with corroboration in the standard instructions in rape cases. The Lord Hale instruction ("A charge of rape is easy to make . . .") was struck down by the Iowa Supreme Court. The present instruction, however, is slanted in much the same fashion, containing the phrase, "If a woman consents in the least during any part of the act of intercourse, there is not such opposing will as the law requires. . . ."

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[*] In Iowa these are called motions in limine.

Trial

There is no standard way of trying any case, civil or criminal. However, the trying of sex crimes involves more scrutiny of the evidence and a different approach from any of the other crimes of violence.

Opening Statement

Use your opening statement to give all of the facts of the case to the jury. First impressions are often lasting ones.

Witnesses

The victim is usually the first witness called. Taking time to talk with her, explaining the courtroom procedure, and showing her the courtroom will be beneficial to your case. The victim should not remain in the courtroom after testifying. Her presence will be distracting to the jury and hearing the testimony of other witnesses may be distressing to her. Presenting other witnesses in chronological order, although not required, makes the case easier for the jury to follow.

Rebuttal

Generally speaking, bringing back the victim will add little to your case. She should not be recalled unless it is absolutely necessary as testimony in cases involving sexual assaults is extremely stressful for the victim.

Closing Argument

Begin planning your closing argument with your first witness. When the victim has not been physically injured, arguments which stress the criminal acts, the victim's lack of choice, and the continuing fear experienced by the victim should be used. End your explanation with a call for a verdict of the highest offense.

4.5 Additional Prosecutorial Responsibilities

In addition to preparing and prosecuting cases, and serving as liaison with the R/SACC, Ms. Fultz is also responsible for liaison between the Prosecutor's Office and other agencies, particularly enforcement and medical. The special prosecutor is on constant call with Police and Sheriff's Department officers for such necessities as warrants and line-up preparation. The latter is particularly important because of the possibility that a "bad" line-up will breach the defendant's constitutional rights and prevent prosecution. Other law enforcement contacts include determination of charges and requests for bond. It is equally important that the prosecutor work closely with medical personnel because of the critical nature of the medical evidence. In Polk County this was facilitated at an early stage in the overall program development by Ms. Fultz's involvement in the preparation of the medical protocol. As a result, the medical report is confined to medical evidence. At the special prosecutor's insistence, certain sections asking for descriptions of the assault which did not add to the medical report were deleted. These sections made possible conflicting assault reports because of the use of different and legally untrained transcribers.

4.6 Replication

The key to effective coordination of center and criminal justice system agency activities is prioritization. Rape/sexual assault is a crime in every jurisdiction and therefore demands both police and prosecutorial attention. The R/SACC (or similar) guidelines for investigating sexual assaults, interviewing victims and prosecuting offenders are easily replicated once there is a commitment to concentrate attention on such crimes.

In Polk County, the R/SACC's entire development was predicated on the community's prioritization of victim care and offender prosecution in rape cases. The decision to involve the criminal justice agencies through the Board of Directors went a long way toward insuring that priority. However, neither the police nor the prosecutor can effectively prioritize if the laws do not lend themselves to successful outcomes. Police will be less willing

TRIAL HANDBOOK

to give priority to rape investigations if they know there will be no conviction unless there is an independent witness. Prosecutors will be equally hesitant to prioritize rape cases if standard of proof evidentiary procedures and jury charges militate against conviction. In short, the only obstacles that might impede the adoption and/or development of sensitive guidelines for the investigation and prosecution of rape cases are outmoded statutes that render any approach ineffective.

CHAPTER 5
COMMUNITY EDUCATION

> Any solution to rape is complex and must involve a multifaceted approach. Basic to all reforms is a change in attitudes toward the female half of the population and in the ways in which men, ordinary citizens as well as rapists, intimidate and oppress women. Rape is not an isolated phenomenon of "sick" males, but rather an inevitable part of the entire social matrix which denigrates women--psychologically, physically, economically, and politically--and which still tends to regard females as male "property."*

A generation ago the word rape was proscribed in polite conversation. Legislatures and judges avoided the word. Now, attitudes toward rape are changing. For the first time in centuries, the public is questioning the way in which the law (and society) treat both rapists and their victims. The distribution of educational materials on the subject by R/SACC helps further public reassessment of the crime of rape. This chapter focuses on the Center's actions toward self-publicity and community education.

5.1 Program Publicity

Publicity is essential if a rape crisis center is to meet its objectives. Services for rape victims must be advertised if they are to be used by the general public. An image of both the Center and the criminal justice system must be built which will bring about public confidence and result in the reporting of many more incidents of sexual assaults. In one city with a rape crisis center, the public transit company donated advertising space on the outside of buses to publicize the hotline number. In another, a subway poster campaign was implemented. In Des Moines, widespread distribution of bulletin board cards, billfold enclosures and public service broadcasts have successfully informed the public of R/SACC's existence and phone number. Additionally, "O" operators are equipped with the number.

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* N. Gager and C. Schurr, op. cit., p. 280.

Media usage is an effective strategy for both program publicity and community education efforts. Public service announcements on both radio and TV are easily accessible. One of the tasks of the Community Education Committee (more will be outlined later in the chapter) was to develop a six-part series on rape myths to be used as public service announcements for a local radio station. Written so that each one lasted approximately 30 seconds, a different one was aired each week during the spring and summer of 1975, and then the whole series was repeated. The myths aired were:

Rape Myth No. 1 - The primary motive for rape is sexual.

> *Fact: Studies show that the major motive for rape is aggression, not sex, and that most rapists have available sexual relationships. Rape is a crime of violence, committed by a man who uses sex as a weapon.*
>
> *This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.*

Rape Myth No. 2 - Women who are raped are asking for it.

> *Fact: Studies report that only 4% of reported rapes involve provocative behavior on the part of the victim. Our society encourages women to be sexy, but those unlucky enough to be raped are often blamed.*
>
> *This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim,*

call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 3 - No healthy woman can be raped because she is able to prevent it.

Fact: Studies show that fear is the rapist's primary weapon. Through threats of injury or death, the woman is terrorized into cooperation or immobilized by fear.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 4 - Rape can't happen to a decent woman like me.

Fact: Studies show that most rape victims have good reputations in their communities. Any woman, regardless of age, appearance, or social status can be and is raped. Rape victims in Polk County in 1974 ranged in age from 3 to 84.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 5 - Women actually enjoy rape.

Fact: Most women enjoy sex. Nobody enjoys being intimidated and attacked. Nobody enjoys being threatened with injury or death. Nobody enjoys being hurt and humiliated.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 6 - Most rapes are committed by strangers in dark alleys.

> *Fact: Studies show that at least half of the rapists are friends, family members or acquaintances of the victim and over one-third of the rapes took place in the victim's home.*
>
> *This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.*

That all county hospitals, the Sheriff's Department, and police officers refer rape victims to R/SACC almost immediately is a sign of a publicity job well done. Of course, this has been accomplished not only through an extensive media advertising campaign, but also through cooperation and coordination with medical, legal, and social agencies, and most importantly through successful program results.

Those rape crisis centers that do not have access to the policy making levels of government and private institutions must use the media or a third party to encourage the cooperation of police chiefs, district attorneys, and hospital administrators in order to promote their efforts. However, such conduits are not necessary for R/SACC because of the broad community support generated by its Board of Directors.

Most centers attempt to provide a 24-hour-a-day hotline service so that the victim can have contact with a counselor immediately following the rape. The Des Moines hotline number is appropriate and easy to remember: 262-HELP. Hotline services may be for information or referral, or a prelude to a personal contact or future telephone counseling. R/SACC maintains a 24-hour phone and contact service provided by the two staff members, insuring that every rape victim will speak to and, if she desires, be accompanied by a competent understanding professional within minutes of the incident. Initial victim contact with the Center may come from the victim herself, a friend or relative, or a cooperating agency (medical or law enforcement). After office hours, the coordinator and victim contact worker are available through the use of a commercial telephone answering service and an electronic beeper system. Much like those utilized in hospitals to maintain contact with doctors on an emergency basis, "beepers" are always at the side of the coordinator or contact worker. Should a rape victim call in at three in the morning, the answering service will contact the Center staff member through the beeper. No matter what she is doing, the staff member immediately calls the service, receives the message, and arranges to meet the victim either at the hospital emergency ward or the police station. Some days the coordinator stays on call, and on other days the contact worker stays on call. Ideally, they try to divide the victim contact workload on a 70%-30% basis, with the contact worker handling the bulk of this service, allowing the coordinator more time for administrative and other important duties. This does not always work since rapes are unexpected. For example, one week the coordinator dealt with seven cases (three within an eight-hour span), while the victim contact worker had five.

5.2 Community Education

In order to reduce the incidence and increase the reporting rate of rape, a rape crisis center must make the public aware of the myths and crises that confront women who are raped. Prospective jurors (the public at large) must be educated and attitudes must be altered concerning sexual assault victims. The dissemination of information on how to prevent rape and what to do when you are raped is also an important function of a rape crisis center. Programs in rape prevention and self-defense range from common sense safety tips on locks and lighting, to karate and judo instruction. The two committees which address public education efforts, the Community Education Committee and the Supportive Services Committee, provide R/SACC with a viable and effective means of achieving objectives in this area.

The Community Education Committee of the Board of Directors has developed written material, reviewed materials in existence, compiled a resource library, and developed vertical files on rape which are used in all school libraries. The quality of the education materials and their dissemination have contributed and will continue to contribute to the demythification of rape.

The representation of three local school districts on the Board of Directors has allowed the Center to accomplish that which few

POLK
COUNTY
RAPE
SEXUAL
ASSAULT
CARE
CENTER
262·HELP
RAPE

other jurisdictions have--the distribution of literature on rape in the school system. Included in that literature are the following three packets:

- A Teachers' Packet which contains cover letter and mini-course outline. Geared toward classroom teaching, the articles deal with all aspects of the crime in readily understandable manner.
- A Nurses' Packet which contains many duplications from the teachers' materials as well as booklets on sex role, birth control and venereal disease.
- A Vertical File for School Libraries which contains duplicates from other packets as well as additional articles and booklets from other rape crisis centers. This file is constantly updated.

R/SACC distributes three excellent pamphlets published by Planned Parenthood:

"So You Don't Want To Be A Sex Object"

Directed toward women from the teens on up, this packet discusses sexual relationships in such a way as to promote healthy attitudes about sex, self, and the perils of role playing. The use of contraceptives is encouraged, regardless of how infrequent sexual contacts may be. Most importantly, this packet stresses that women are people, individuals, and not someone's property.

"The Perils of Puberty"

This is an excellent packet for girls who are about to or have just reached puberty. It explains what happens to a woman during the puberty stage physically, and then discusses various mental and emotional perils associated not only with puberty, but with growing up, including peer pressures, dating, sex, family, etc.

"You've Changed the Combination"

This enlightening and well illustrated packet for men of all ages discusses the changes in male/female models and role playing from the time one's great grandfather went "courting" to the present. The "changed combination" is that of women being equals. The "right combination" is gained when men throw off the ideas of aggression and force being masculine traits and childishness and weakness being feminine traits.

All high schools now have two complete sets of educational materials, one for the library's vertical files. and one that is kept by librarians for teachers' reference. These materials have been selected with the assistance of Linda Roberts of R/SACC Speaker's Bureau, who is also the young adult librarian for the Des Moines Public Library. They were distributed in Des Moines with the help of John McCaw, a member of the Des Moines School system and, not surprisingly, a member of the R/SACC Board. Ms. Roberts has also prepared an annotated bibliography on books about rape that was sent to libraries as a purchasing guide.

Perhaps the most important objective of a center's community education program is to destroy beliefs that women invite and enjoy rape; that they can't be raped if they resist; and that all rapists are "sex maniacs." This process is called demythologizing the crime. There is nothing antagonistic in the approach, substance, or purpose of the Center's community education program. The Center is a community organization performing a community service. It acts not as an outside force, but as an agent for the women of the community in the best interests of everyone of that community. For example, in Des Moines recently, a movie theater ran an ad for a movie about the "seduction" (rape) of a young woman with the lead "Ravished, defiled, violated, and she LOVED it!" In protest, Corinne Whitlatch, R/SACC Coordinator, sent a letter to both the theater manager and the Des Moines Register and Tribune urging the theater to be more aware and responsible in exercising self-censorship in its public advertising. She pointed out that the advertisement supported and promoted the destructive and widely believed misconception that women actually enjoy being raped. Ms. Whitlatch's intention was not to publicly attack the theater owner or company, but to educate and inform for the benefit of everyone in the community agency. Their success is, in no small way, owing to this self-perception which has now been conveyed to the rest of the community.

5.3 Minority Involvement

Victims of rape have traditionally experienced problems establishing their credibility with the police, medical professions, and courts. For minority women--Blacks, Chicanos, Native Americans and Orientals--the problem is compounded. A Black woman as a woman must convince the predominantly male personnel of the medical and law enforcement agencies that she has been abused. Then, as a Black or member of a minority, she must contend with the prevailing myths that Black women tend to be prostitutes or promiscuous in general. Little wonder that non-white women prefer not to report rape and to subject themselves to further abuse. Little, if any, improvement has been made in most cities, either in reporting or treatment, as there is a conspicuous absence of minority women on the staffs of rape crisis centers. Thus, centers and information about them may be unknown in minority communities and few minority women may go to such centers.

Blacks make up less than 8% of the population of Des Moines, Chicanos less than 3%. But the victim crime rate in the Black and Chicano communities is three to four times higher than in any other section of the city. Housing and lighting in these communities are poor, contributing to the high crime rate. Unfortunately, there are only two Black police officers on the police force, and no Black women officers or Chicanos. Consequently, the situation in Des Moines was not much different than that described above.

R/SACC has always been aware that many more rapes are committed on minority women than are reported, or ever professionally treated. To rectify this situation, and to encourage more minority rape victims to utilize the Center, R/SACC formed a special minority subcommittee of the Community Education Committee aimed at addressing the Black and Chicano communities. The Center had to go out of its way to initiate contacts for two reasons: one, by making a concerted effort on its own, it would let the minority communities know of its concern and willingness to cooperate;

secondly, the Black community had been very unresponsive at first, and it was obvious that members of the Black community were not going to initiate contacts on their own. Active women in the Black and Chicano communities were contacted, and invited to serve on the Board of Directors in the same manner that resulted in support from other community factions. The fact that a disproportionate number of rapes are committed against minority women was a concern which might draw minority women to the Center. In addition, the common experiences shared by women of all races were brought out. It took much time and effort on the part of R/SACC before a subcommittee of qualified and dedicated minority women was created. Paula Baker of the subcommittee works for the State Office for Planning and Programming. Other subcommittee members, when not doing volunteer work with the Center, work for such varied organizations as Model Cities and American Indian Development.

There has not been a dramatic increase in the number of reported rapes of minority women. That takes time. Says Paula Baker, "There was a time when there was no reporting or minority contacts with the Center, so any reporting is a step." R/SACC's formation of a minority subcommittee was an important act.

5.4 Supportive Services Committee

The Supportive Services Committee of the Board of Directors coordinates a Speaker's Bureau that both initiates and responds to contacts for the purpose of making presentations. Speakers range in levels of expertise from professionals--doctors, lawyers, etc. --to concerned parents and the mother of a victim. Speaking engagements have taken place in a variety of professional organizations--the Iowa Medical Records Association, Planned Parenthood, Model Cities (18 professional groups have had presentations), and community organizations--churches, schools, the YWCA, and others (a total of 50 thus far).

A sample speech begins with a brief discussion of the Center's history leading up to October 1974 when it began operations. Then the Center's objectives are spelled out. From the speaker's point of view the most important part of the speech occurs when the speaker discusses the Center's community education objectives: a demythification of the crime leading to a willingness to report, a sensitivity in treatment, and an educated jury. This is when the speaker can pursue the objectives more in depth. Doctors and medical personnel might focus on the medical examination and on the physical/emotional aspects of rape. Lawyers may focus on the legal aspects including necessary elements for conviction, and social workers may focus on readjustment problems of rape victims. Of course the nature of the audience, as well as the speaker, will contribute to the kind of presentation. The speaker is always mindful of the audience and their relative level of awareness and understanding. In addition, the speaker is aided by audio-visual support that is most appropriate for that particular audience.

The Community Education Committee has at its disposal the following pool of audio-visual materials.*

"Rape, A Preventative Inquiry"

A film discussing typical rape situations with actual victims, convicted rapists, and police detectives. Recommended for both classroom and general community education.

"Rape: The Savage Crime"

A filmstrip covering all areas of rape: laws, prevention, myths, procedures, victims and rapists. Recommended for high school and college classes.

"After the Rape"

A locally developed carousel slide presentation with tape narrative showing what happens in the Des Moines area, including reporting to the police, the examination at Broadlawns Hospital, and eventual trial in the Polk County District Courts. For general community education. (This was prepared by R/SACC staff and is used in local speaking engagements.)

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* Information regarding the availability of these films, unless otherwise noted, can be found in the Appendix of Focus on Sex Crimes which is presented in its entirety in the Appendix of this manual.

"Nobody's Victim"

A self defense film for women that shows specifically and practically how to turn off aggressive strangers in public or at one's door; how to thwart purse snatchers; what to do when walking alone or when one's car is stalled in a deserted area; protection against prowlers; and basic precautions for the woman who lives alone. For general community education.

"Reality of Rape"

This is a shocking film, designed as a police training film to make an officer aware of the nature of the crime and the importance of attending to the victim's emotional needs. Also recommended for counselors and social workers. Should be shown only when discussion time is available and only with a trained discussion leader.

In all cases, presentations include a review and a slide show explaining the R/SACC existence and purpose, and discussing the importance of not destroying possible evidence by bathing, douching, clothes washing, etc.

In the spring of 1976, R/SACC through its Supportive Services Committee, embarked on its most ambitious educational effort to date, and organized a national conference, "Focus on Sex Crimes." While aimed at and attended by prosecutors, police officers, and medical, mental health, and social service personnel from across the country, much of the discussion was interdisciplinary. The conference was well attended and a manual entitled Focus on Sex Crimes, organizing all that was presented at the conference in literature form was developed by R/SACC staff and has enjoyed wide circulation. (A copy of that manual is presented in Appendix C.)

CHAPTER 6
RESULTS AND COSTS

The Center maintains records on contacts with each of its clients which allow it to determine both the counseling services provided and the effects on prosecution which it achieves. Data on initial contacts and referrals record referrals to medical services, contacts between the Center and law enforcement agencies, and cases in which Center staff accompany victims to examinations and interviews. Services provided to the first 202 victims to contact the Center are enumerated below.

R/SACC Victim Services

Service	Cases	Percent
Center-Hospital contact	120	57
Counselor with victim at examination	115	55
Ultimately reported to a law enforcement agency	140	67
Center-Law enforcement contact	128	61
Center-Special prosecutor cooperative involvement	70	33

Although pressure is not exerted to force clients to report to the police or to cooperate with prosecution, two-thirds of them eventually do report, and Center statistics monitor criminal justice outcomes as well as client services to assess their impact. Three indicators have been selected from critical stages of the criminal justice process: frequency of reported crimes, arrests, and convictions.

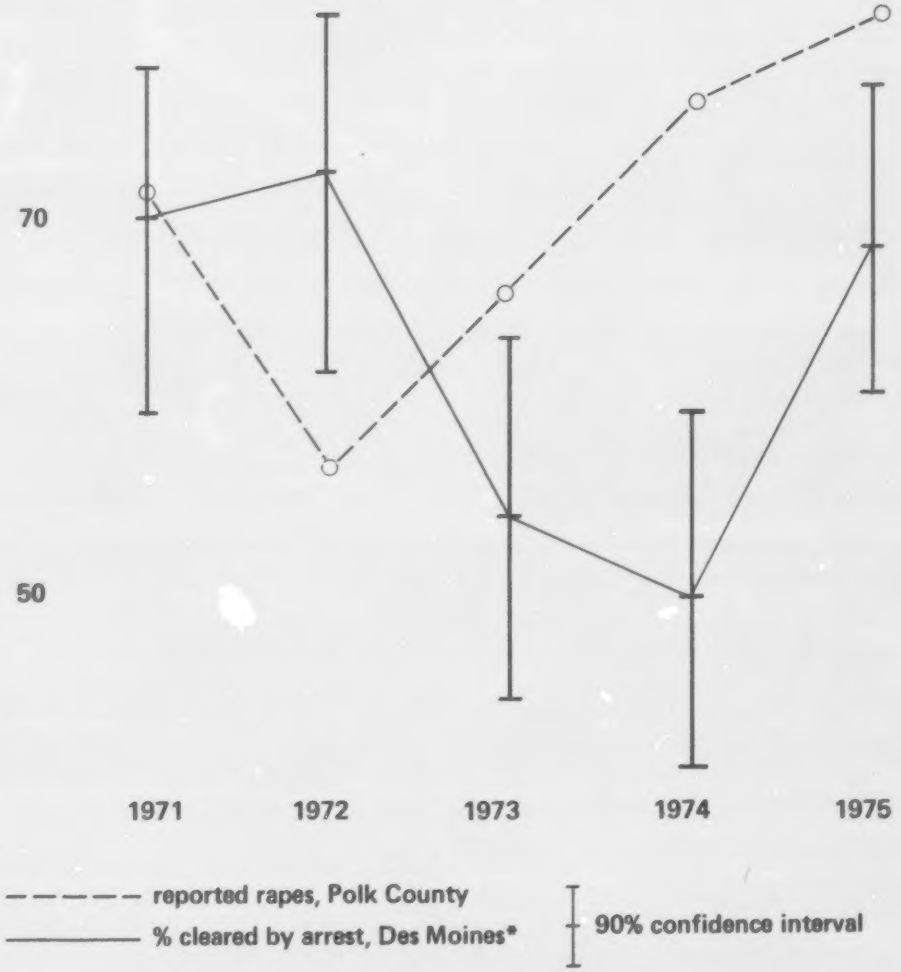
The task of interpreting changes in these indices over time is seriously complicated by the same emerging awareness of women's problems which was in part responsible for the establishment of the Center. The last few years have seen a significantly heightened awareness of and increased sensitivity to the problems of rape victims. The very existence of the Center, and the convocation of the Mayor's Conference on Rape provide evidence of the extent of public concern. Growing partly from this same concern has been a significant change in the state's rape law, initiated in part by the same individuals who founded R/SACC. Since it would be impossible to quantify the individual impacts of these variables, the type of pre/post evaluation conducted by the project must be interpreted as measuring the entire ensemble of legal and attitudinal changes which characterized the early 70's. In short, the creation of the R/SACC was not an isolated event and must be seen both as an outgrowth of new attitudes toward rape and as a potential force in changing these attitudes.

6.1 Reporting

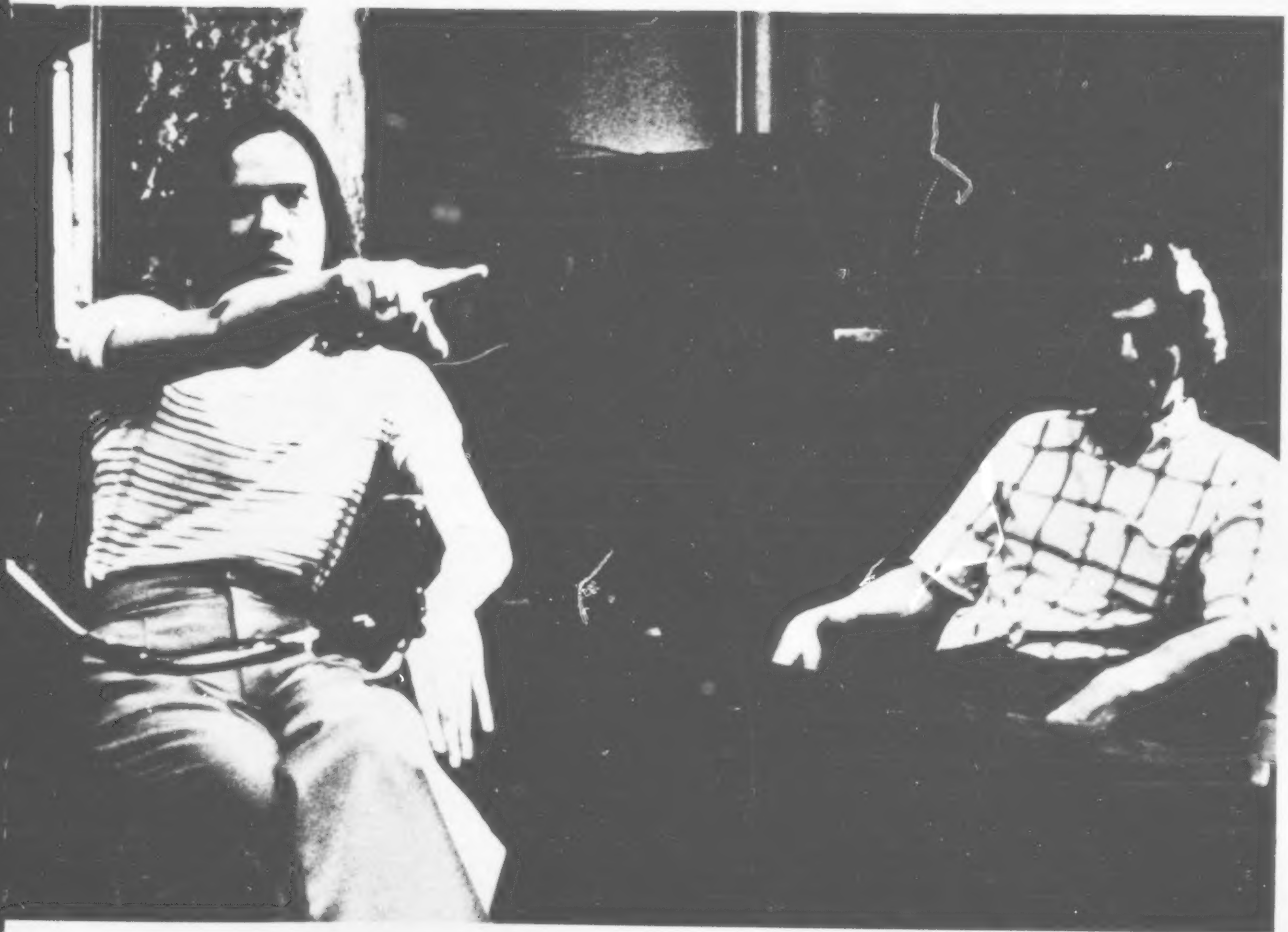
Figure 6.1 shows the frequency of reported rapes in each of the last five years in Polk County. There has been a fairly steady increase in reported crimes from 1972 through 1975. The data do not tell us what portion of this increase reflects an increase in the percent of victims contacting the police and what portion--if any--is due to more rapes being committed. Since R/SACC goals involve both increased reporting and decreased incidence, it is not clear what inferences should be drawn from short term fluctuations in the number of reported incidents.

Center data do allow computation of reporting rates for victims who contacted the R/SACC. Data are available for the 160 rape victims coming to the Center in its first sixteen months of operation, of whom 110 (69 percent) also reported the crime to a law enforcement agency. A comparable 71 percent of the other sex crimes known to the Center were reported to law enforcement agencies. While these numbers are substantially higher than the 52 percent reporting rate

Figure 6.1



*clearance data not available for Polk County



found by the National Crime Panel survey in 1974, the sampling error of that number (±15 percent) and the biases inherent in R/SACC contact render direct comparison inappropriate. Center clients are a biased sample of victims for two reasons. First, they exclude some unknown number of women who did not wish to discuss the crime with anyone, and hence contacted neither police nor the Center. Second, Standard Operating Procedures at the sheriff's departments and at the major hospital ensured that the Center was notified of every contact these agencies had with the rape victims.

6.2 Clearance by Arrest

Figure 6.1 also shows the fraction of reported and valid offenses cleared by arrest or exceptional means in the Des Moines Police Department for each year from 1971-1975. In the two years prior to the project only half the cases (51.7 percent) were so cleared. In the first year of project operation the rate jumped to 69 percent. This difference is statistically significant at the .05 level (chi square = 3.984, d.f. = 1). As figure 6.1 shows, however, the two earliest years were marked by yet higher clearance rates (71 percent and 73 percent, respectively). Compared with the entire four year pre-program period the first year data do not indicate a statistically significant improvement in clearance.

6.3 Convictions

It is in the post-arrest processing of cases that the project's statistical results are clearest. Figures 6.2 and 6.3 show the case flow for all rape cases reported in Polk County during a 16 month period before project initiation, and the first year after the project, respectively. The first significant difference is in the number of cases filed by the prosecutor. Whereas two-thirds of the identified suspects escaped having charges filed by the prosecutor during the pre-project period, only one quarter were not filed in the first year of the Center's existence. (This

Figure 6.2

Prosecution Case Flow Before R/SACC

January 1973 – April 1974

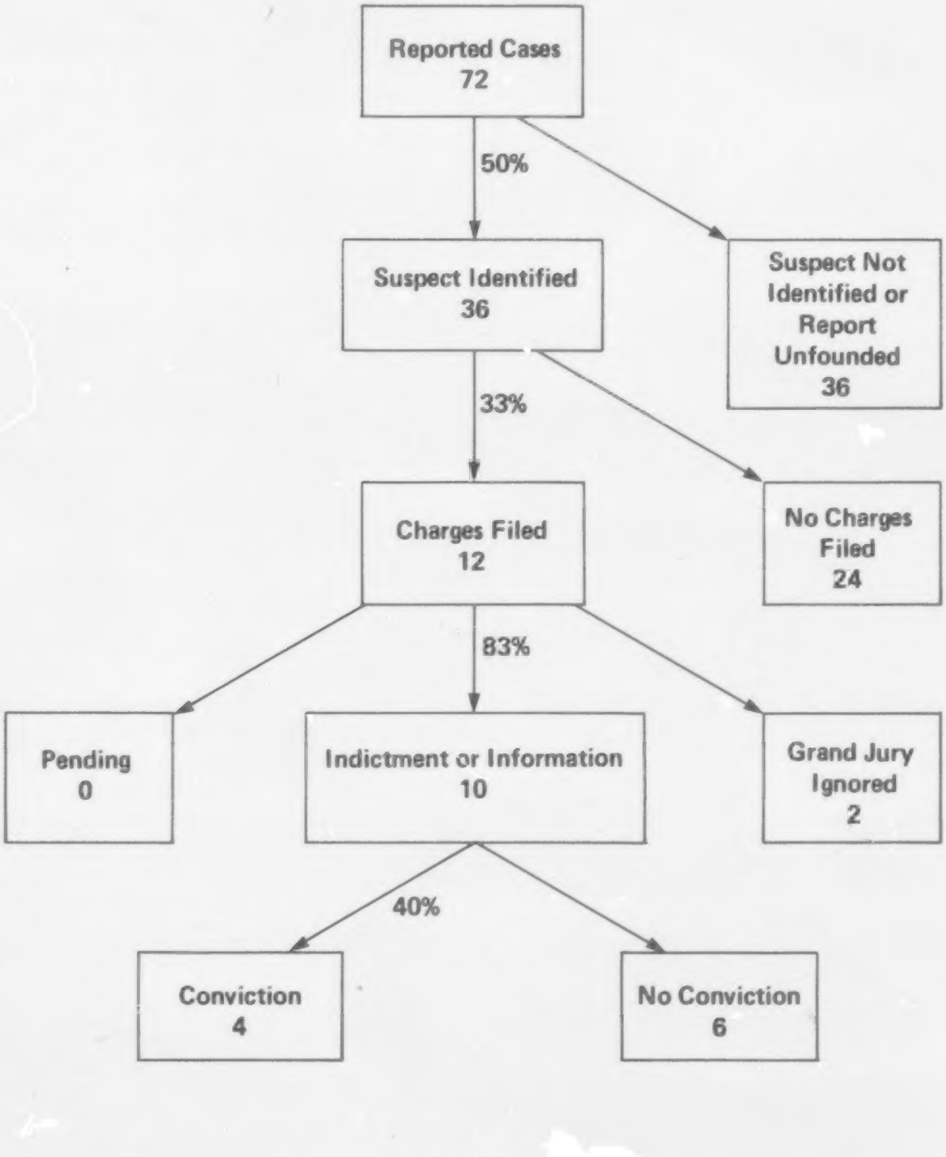
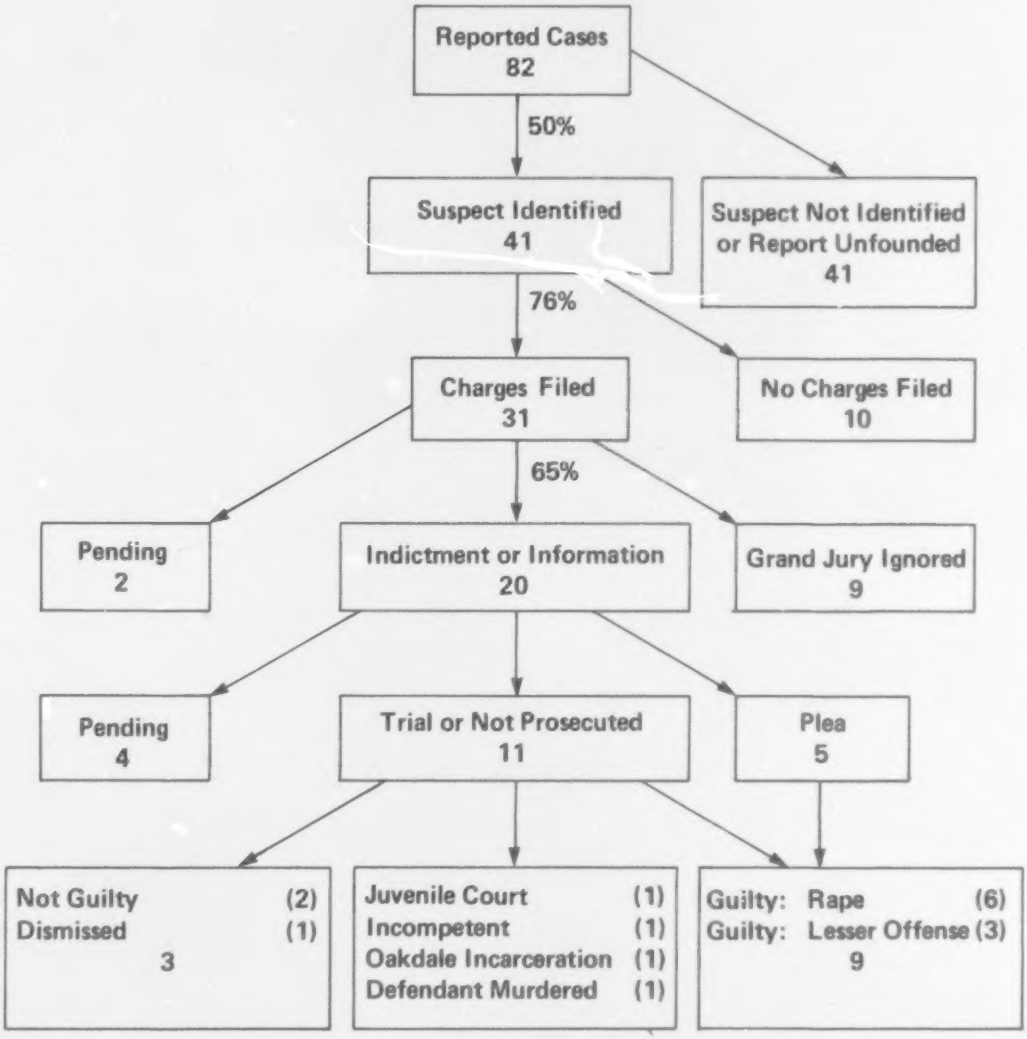

Reported Cases
72
50%
Suspect Identified
36
Suspect Not Identified or Report Unfounded
36
33%
Charges Filed
12
No Charges Filed
24
83%
Pending
0
Indictment or Information
10
Grand Jury Ignored
2
40%
Conviction
4
No Conviction
6

Figure 6.3

Prosecution Case Flow After R/SACC

October 1974 – October 1975


Reported Cases
82
50%
Suspect Identified
41
Suspect Not Identified
or Report Unfounded
41
76%
Charges Filed
31
No Charges Filed
10
65%
Pending
2
Indictment or Information
20
Grand Jury Ignored
9
Pending
4
Trial or Not Prosecuted
11
Plea
5
Not Guilty (2)
Dismissed (1)
3
Juvenile Court (1)
Incompetent (1)
Oakdale Incarceration (1)
Defendant Murdered (1)
Guilty: Rape (6)
Guilty: Lesser Offense (3)
9

difference is statistically significant; chi square = 12.23, d.f. = 1, $p < .01$.)

It is possible that a part of this increase comes from a simple relaxation in the rigidity of prosecutor screening, since the percentage accepted by the Grand Jury declined slightly, from 83 percent to 65 percent. The net result was an indictment or information on 50 percent of the cases with identified suspects in the project year, compared with 28 percent in the prior period. A chi square test shows this improvement to be significant at the .05 confidence level.

The rate of conviction is also significantly better during the project year. Where previously six out of ten cases had escaped conviction, only three of the sixteen cases decided by October 1975 were either dismissed or acquitted. This difference, like the previous one, is statistically significant at the .05 confidence level. While the number of convictions returned is too small to permit any kind of generalization, the sentences listed in Figure 6.4 will serve to illustrate the degree of severity in sentencing for convicted offenders. Since there were only four convictions in the entire period from January 1973 through April 1974 no comparison with previous sentences is possible.

6.4 Conclusions

In focusing on the evidence of project impact on the criminal justice process, it must not be forgotten that the project has succeeded in mobilizing important services previously unavailable or inaccessible to the victims of rape. Through programs and materials generated by the staff and appropriate Board Committees, community agencies have been made aware that rape victims have special needs and are further informed of the best ways to meet these needs by the Center's educational materials and in-service training. As the next section will indicate, this coordinated response to the problems of rape victims represents an extremely economical approach to the important question of how to make the community as well as the justice system more sensitive and responsive to the social consequences of the crime of rape.

Figure 6.4

Sentences of Convicted Offenders

Charge	Plea or Verdict	Sentence
Rape	Plea: Guilty as charged	Boy's training school until 18
	Plea: Guilty as charged	10 years
	Verdict: Guilty as charged	15 years
	Verdict: Guilty as charged	20 years
	Plea: Breaking & entering	10 years
	Plea: Assault & battery	30 days
	Plea: Assault & battery	30 days
	Verdict: Assault & battery	30 days
Statutory Rape	Plea: Guilty as charged	10 years
	Plea: Guilty as charged	10 years
	Plea: Guilty as charged	5 years
Assault with Intent to Rape	Plea: Assault & battery	$100
	Plea: Breaking & entering	10 years
	Verdict: Guilty as charged	5 years
Criminal Sexual Psychotic	Plea: Guilty as charged	Mental Health Institute
Lascivious Act with a Minor	Plea: Guilty as charged	5 years
Rape of an Imbecile	Verdict: Guilty as charged	25 years

6.5 Costs

The project's entire budget for the six month period ending December 31, 1975 totaled $17,417, not including any costs associated with the special prosecutor. During the same six month period the Center contacted approximately 75 victims. A crude calculation thus places the average cost of the services delivered at slightly over $230 per client.

In many ways this ratio fails to give an accurate picture of true resource allocation. There may be some incremental costs associated with the provision of the special prosecutor, and there are undoubtedly costs associated with the fact that more victims are cooperating in prosecution and more cases are reaching trial. Given the state's obligation to prosecute, however, it is not clear how such costs ought to be treated in measuring the project's efficiency. Conversely, the fact has been noted that the Center exists as part of a complex and changing ensemble of laws, public awareness, and strategies in other criminal justice agencies. Accordingly it shares the credit for improved arrest and conviction rates with these other elements of its environment.

In addition to direct service to clients, the Center staff are actively engaged in educating the public at large about facts concerning rape both to reduce risks and to develop better informed juries. They have developed materials for a mini-course on rape for public schools, and have been successful in introducing this material both at the classroom level and as a reference file for instructional materials centers. Professional training also draws on Center resources. In-service and academy training is provided to local police departments, and both materials and speakers are available to medical personnel.

These services highlight the fact that Center attention is not exclusively concentrated on those actual victims who contact the staff. Rather, there is an equal concern with improving the system's capability for handling all rape incidents, and for helping the public to prevent future incidents. No simple cost figures can do justice to the attainment of these ends, just as no simple statistical measure can fully document their degree of achievement.

CHAPTER 7
EVALUATION AND MONITORING

The importance of data gathered by the project on client services and criminal justice outcomes lies more in their ability to provide monitoring information than as the basis for a rigorous evaluation. As the previous chapter has noted, the very environmental changes responsible for the Center's creation made attribution of changes difficult; there is no way to separate project effects from the effects of concurrent social and legal changes in the Des Moines community. Given the community-wide nature of the services, it is hard to see how any purer comparison could have been found. Traditional experimental methods using untreated control areas were clearly ruled out by both the physical impossibility and the social undesirability of differential treatment. Moreover, comparison with other jurisdictions would introduce at least as many uncertainties as it could remove.

Use of some of the measures is even further complicated by the infrequency of the events described. In the discussion of convictions, the total data base for the pre-Center year consisted of ten cases. The total number of sentences available for study in that year was four. The total number of victims available in any limited observation period is also small by statistical standards. In the last half of 1975, contacts were averaging twelve per month. The circumstances of the crimes and victims vary greatly from case to case, making any kind of statistical generalization more difficult and less informative than it would be with more homogeneous data.

These difficulties combine to suggest using case study methods, rather than simple numerical tabulations as the most effective way to observe the impacts of such projects. A number of areas for observation can be outlined, although local conditions and the kinds of services available will partially dictate the logic of data collection.

7.1 Client Needs and Project Services

Probably the most urgent data to gather and assess relate to the determination of client needs. This information can be used on two levels, first for establishing procedures for referring victims to already-available services, and second, to develop a clear picture of what kinds of services should be made available. Ideally such a needs assessment would include client follow-up to determine:

- Whether project-referred services were ever delivered;
- Whether they were responsive to the perceived need;
- Any previously undiagnosed needs which emerged after the client left the Center;
- Any kinds of services which the client sought out on her own in addition to Center-referred services.

The R/SACC emphasis on working with care-givers and helping in the development of increased services makes formal documentation of victim needs a particularly useful application of data collection. Equally critical to this function is ability to gather information on the quality and quantity of services provided. At the very least, records of services directly delivered by Center staff should be analyzed for program planning and revision. To the extent possible, however, this should be combined with information on client services from all sources. Briefly, one would wish to know:

- Kind of service;
- When presented;
- From whom;

- Client perceptions of service adequacy;
- Any other indicators of service quality which may be available.

A follow-up questionnaire used by the Polk County project is included in the Appendix. It asks basic questions about Center contact, and satisfaction with treatment provided by the Center, the hospital, police, and other local agencies. Projects interested in adapting this questionnaire for their own evaluative purposes may wish to modify it to

a) refer to their specific local service providers

b) probe more deeply into possible causes of dissatisfaction

c) ask about the details of service delivery

d) include questions of particular interest to locally perceived potential problems.

7.2 Prosecutorial Results

A similar formal case study approach might be expected to yield useful insights in reviewing prosecutorial results. The flow chart in Figure 6.3 shows four points at which cases drop out of the system. The largest loss -- suspects not identified and unfounded reports -- is substantially beyond program control, although receipt of Center services may enhance cooperation with the police and thus indirectly lead to better suspect identification. The remaining categories, however -- no charges filed, Grand Jury ignored, and case dismissed or acquittal -- together account for half the cases where a suspect was identified. The nature of the process sometimes prohibits exact determination of the reason a case failed. Grand Jury proceedings, for instance, are confidential. An experienced observer, however, can examine the records of cases that failed at these points and attempt to determine probable areas of weakness. Such a study could be expected not only to identify those topics where most future attention should be devoted, but will help in interpreting the otherwise relatively opaque statistics provided by simple flow tabulations such as those presented by Figure 6.3.

In an ideal monitoring design an interplay would be established between the use of case study data and more quantitative measures, in which each would provide clues for the interpretation of the other. For example, the quantitative data of Figure 6.3 have been used to identify major sources of case loss in prosecution. On combining Figures 6.2 and 6.3 a substantial increase in cases ignored by the Grand Jury becomes evident. This suggests that examination of those particular cases might provide the most useful information about presentation problems, and that they therefore should be the subject of special case study. As a general rule, quantitative data can help identify two classes of problems where case studies are most appropriate -- those most likely to occur, and those where some special counter-intuitive phenomenon appears to be operating.

Conversely, case study results can suggest new variables and hypotheses for future quantification. Whenever a problem emerges in a case analysis, the next questions should be how common is this problem, and how grave are its impacts? Only by continued adaptation of case study and quantitative methods to use the information provided by both can such questions be fully explored.

APPENDICES

Appendix A: Polk County Rape/Sexual Assault Care Center By Laws

Appendix B: Follow Up Questionnaire and Results of Follow Up Questionnaire

Appendix C: Manual: Focus on Sex Crimes

Appendix A

Polk County
Rape/Sexual Assault Care Center
By Laws

By Laws
Polk County Rape/Sexual Assault Center
Adopted September 5, 1974

Article 1 Name

The name of this corporation shall be Polk County Rape/Sexual Assault Center.

Article II Purpose

The purpose of this corporation shall be:

a. To provide immediate and continuing counselling for the victims of rape and sexual assault and referral to appropriate medical, legal and psychological services, upon the request of the victim;

b. To cooperate in every way possible with law enforcement agencies, including the Polk County Sheriff's office, the police departments of the cities and towns within Polk County, and the Polk County Attorney's office, to bring about a greater arrest and conviction rate for the crimes of rape and sexual assault;

c. To educate the public and law enforcement personnel about the crimes of rape and sexual assault and their effect on victims;

d. To educate people to protect themselves effectively against attack;

e. To establish liaison with correction counselors and other personnel who deal with the rehabilitation of sex offenders, and to coordinate a total effort of law enforcement, medical, legal and community people to reduce the incidence of crimes of rape and sexual assault.

Article III Board of Directors

Section 1. The Board of Directors shall consist of:

a. one elected or appointed representative from every interested organization in Polk County;

b. one representative of each police department in Polk County; one representative from the Polk County Sheriff's office; one representative appointed by the Polk County Board of Supervisors;

c. two representatives appointed by the mayor of the City of Des Moines, and one representative appointed by each of the mayors of the other cities and towns in Polk County;

d. two representatives appointed by the Des Moines School District and one representative appointed by each of the other school districts whose geographical jurisdiction lies within or partially within Polk County;

e. five members, selected at large by the Board of Directors at its first official meeting, and at each annual meeting thereafter;

f. Any organization in Polk County which may desire representation on the Board of Directors, and has not applied for such representation before September 5, 1974, shall submit its application for membership in writing to the Board of Directors.

Section 2. Any vacancy shall be filled by the electing or appointing member organization.

Section 3. The Board of Directors of this corporation shall have all necessary and reasonable powers to carry out the purpose of the corporation as set out in Article II above, and shall have the power to contract on its own behalf for services and facilities and with others for the performance of its functions.

Section 4. The Board of Directors shall meet at least quarterly each year, and may meet at any other time designated by the President or by five members of the Board of Directors.

Section 5. One-third of the members of the Board of Directors shall constitute a quorum.

Article IV Officers

Section 1. The officers of this corporation shall be a president, a vice president, a recording secretary, a corresponding secretary, and a treasurer.

Section 2. The officers shall be elected by the Board of Directors at its regular meeting in September, 1974, and at its annual meeting in October hereafter, to serve for one year and until their successors are elected.

Section 3. Any vacancy shall be filled by the Board of Directors at its next regular meeting or at a special meeting called for the purpose, with due notice to all members in either case.

Article V Executive Committee

Section 1. The Executive Committee shall consist of the officers as described in Article IV, Section 1, above.

Section 2. It shall meet on call of the President or two of its members.

Section 3. It shall perform such duties between meetings of the Board of Directors as may be deemed necessary. Four members shall constitute a quorum.

Section 4. It shall have the authority to appoint an advisory committee of resource personnel, with special consideration of representation of the Polk County Attorney's office, the Board of Supervisors, and the offices of the mayors of cities and towns of Polk County.

Article VI Fiscal Year

Section 1. The fiscal year of the Polk County Rape/Sexual Assault Center shall be January 1 to December 31.

Section 2. An annual meeting shall be held in October for the purpose of election of officers and receiving annual reports of officers and chairmen of standing committees.

Article VII Legislative and Political Activities

No substantial part of the activities of this corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation; and shall not participate in or intervene in any political campaign on behalf of any candidate for public office, including publishing or distributing statements.

Article VIII Operational Limitations

Section 1. Notwithstanding any other provision of these articles, this corporation shall not carry on any other activities not permitted to be carried on by:

a. a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue Law, or by

b. a corporation, contributions to which are deductible under Section 1970(c)(2) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue Law.

Article IX Dissolution

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purpose of the corporation, in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes, as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue Law, as the Board of Directors shall determine. Any of the assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the corporation or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

Article X Parliamentary Authority

The rules contained in Roberts Rules of Order Newly Revised shall govern the organization in all cases in which they are applicable and in which they are not inconsistent with these By Laws.

Article XI Amendments

These By Laws may be amended by a two-thirds vote of the Board of Directors under the following provisions:

a. all proposals for change shall be submitted to the Board of Directors at least one week prior to a called meeting;

b. the President shall notify the members of the Board of Directors of the proposed amendments, and the meeting date. Failure of any member to receive such notice shall not invalidate such amendments.

Proposed By Laws Changes
To be Voted on at Annual Meeting - October 20, 1975

(Suggested Additions or Changes are Underlined)

By Laws
Polk County Rape/Sexual Assault Center

Article I - Name -- No Change

Article II - Purpose -- No Change

Article III - Board of Directors

Section 1. The Board of Directors shall consist of:

a. one elected or appointed representative from every interested organization in Polk County.

b. one representative of each police department in Polk County; one representative from the Polk County Sheriff's office, one representative appointed by the Polk County Board of Supervisors;

c. two representatives appointed by the mayor of the City of Des Moines, and one representative appointed by each of the mayors of the other cities and towns in Polk County;

d. two representatives appointed by the Des Moines School District and one representative appointed by each of the other school districts whose geographical jurisdiction lies within or partially within Polk County;

e. five members selected at large by the Board of Directors at its first official meeting, and at each annual meeting thereafter.

Section 2. New Member Organizations and Vacancies

a. Any organization in Polk County which may desire representation on the Board of Directors, and has not applied for such representation before September 5, 1974, shall submit its application for membership in writing to the Board of Directors at any time. Such application shall be acted upon at the Annual Meeting.

b. Any vacancy shall be filled by the electing or appointing member organization, as such vacancy occurs.

Section 3. The Board of Directors of this corporation shall have all necessary and reasonable powers to carry out the purpose of the corporation as set out in Article II above, and shall have the power to contract on its own behalf for services and facilities and with others for the performance of its functions.

Section 4. The Board of Directors shall meet at least quarterly each year, and may meet at any other time designated by the President or by five members of the Board of Directors.

Section 5. Fifteen of the members of the Board of Directors shall constitute a quorum.

Article IV - Officers

Section 1. The officers of this corporation shall be a president, a vice president, a recording secretary, a corresponding secretary, and a treasurer. They shall assume their duties at the conclusion of the Annual Meeting.

Section 2. The officers shall be elected by the Board of Directors at its regular meeting in September, 1974, and at its Annual Meeting in October thereafter, to serve for one year or until their successors are elected. No person shall serve more than two consecutive terms in the same office.

Section 3. All the nominees to elective office shall have served on the Board of Directors for a minimum of one year.

Section 4. Any vacancy shall be filled by the Board of Directors at its next regular meeting or at a special meeting called for the purpose with due notice to all members in either case.

Article V - Committees

Section 1. The Executive Committee

a. It shall consist of the officers as described in Article IV, Section 1, above.

b. It shall meet on call of the President or two of its members.

c. It shall perform such duties between meetings of the Board of Directors as may be deemed necessary. A majority shall constitute a quorum, but an affirmative vote of a majority of the whole committee shall be necessary in every case.

d. It shall keep regular minutes of its proceedings and report same to the Board of Directors.

Section 2. The Nominating Committee (New Section Added)

a. The Nominating Committee shall nominate candidates for all offices as listed in Article IV, Section 1, a chairman of Nominating Committee, and the five members-at-large.

b. The Committee shall have five members chosen from the Board of Directors.

c. The four remaining members of the Nominating Committee (the chairperson having been selected) shall be appointed by the President and the Chairperson of the Nominating Committee, with approval of the Executive Committee.

Section 3. Standing Committees (New Section Added)

a. The Board of Directors shall have the following standing committees: Budget and Finance, By Laws, Community Education, Inter-Governmental Relations, Office Facilities, Personnel, Supportive Services, Victim Services, and Long Range Planning.

b. All committee chairpersons must be selected by the President from Board members. A majority of committee members shall also be from the Board.

Section 4. Other Committees

a. The Executive Committee shall have the power to appoint and dissolve temporary or special committees.

b. The Executive Committee shall have the authority to appoint advisory committees of resource personnel, with special consideration of representation of the Polk County Attorney's office, the Board of Supervisors, and the office of the mayors of cities and towns of Polk County.

Article VI - Fiscal Year -- No Change

Article VII - Legislative and Political Activities - No Change

Article VIII - Operational Limitations -- No Change

Article IX - Dissolution -- No Change

Article X - Parliamentary Authority -- No Change

Article XI - Amendments

These By Laws may be amended by a two-thirds vote of the Board of Directors present at the Annual Meeting under the following provisions:

a. All proposals for change shall be submitted to the Board of Directors at a meeting prior to the Annual Meeting or mailed with the notice of the date of the Annual Meeting.

b. At least ten days prior to the Annual Meeting, the President shall notify the members of the Board of Directors that proposed amendments will be considered. Failure of any member to receive sucn notice shall not invalidate such amendments.

Appendix B

Follow Up Questionnaire
and
Results of Follow Up Questionnaire

FOLLOW UP QUESTIONNAIRE

Whom did you first contact after the assault? Second contact?

_____ Police
_____ Hospital
_____ Rape Care Center (phone)
_____ Friend or relative
_____ Other (please specify)

How did you learn about the Rape Care Center?

_____ Police
_____ Radio or TV
_____ Newspaper
_____ Hospital
_____ Other (please specify)

What contacts did you have with the Rape Center counselor?

_____ Telephone
_____ Hospital
_____ Police
_____ Court appearances
_____ Home visit
_____ Other

How many times did you see or talk to the counselor? _____

Do you feel that the Rape Care Center counselor was helpful to you?

_____ yes _____ no _____ partly

Could you explain further?

Did you go to the hospital?

_____ Yes; which hospital? ____________________
_____ No

How do you feel you were treated at the hospital?

_____ Satisfied
_____ Partly satisfied
_____ Dissatisfied

(Please feel free to make any comments or suggestions.)

Did you report the assault to the police or sheriff's office?

_____ Yes Which agency? (i.e., Des Moines Police, Polk Co. Sheriff's Office, etc.) ____________________
_____ No What were your reasons? ____________________
____

How do you feel about the treatment they gave you?

_____ Satisfied
_____ Partly Satisfied
_____ Dissatisfied

(Please feel free to make any comments or suggestions.)

Approximately how much time did you spend in contact with them?

_____ 1 hour or less   _____ 4 to 8 hours
_____ 1 to 4 hours   _____ 8 hours or more

Was your attacker identified?

_____ Yes
_____ No

Did you have any contact with the Special Prosecutor?

_____ Yes
_____ No

Were you satisfied with the manner in which your case was handled?

_____ Yes   _____ No   _____ Partly

(Please feel free to make any comments or suggestions.)

Do you mind being asked to respond to this questionnaire?

_____ Yes   _____ No

SUMMARY: Followup of Questionnaire, Polk County Rape/Sexual Assault Care Center.

Total Responses: 48.

1. *How did you learn about the Center?*

Hospital	22	46%
Police	18	38%
Radio/TV	5	10%
Relative/Friend	4	8%
Counselor	4	8%
Newspaper	1	2%
Community Group	1	2%
Phonebook	1	2%

2. *What contacts did you have with the Center?*

Hospital	31	65%
Telephone	28	58%
Home Visit	16	33%
Police	11	23%
Court Appearances	10	21%
Other	4	8%
R/SACC Office	3	6%

3. *How many contacts did you have with the Center?*

One	5	10%
Two	10	21%
Three	6	13%
Four	4	8%
Several	22	46%
None	1	2%

4. *Do you feel the Center benefitted you?*

Yes	37	77%
No	2	4%
Partly	7	15%
No answer	2	4%

5. *Did you go to the hospital?*

No	9	19%	
Broadlawns	21	44%	(15 satisfied; 4 partly satisfied; 2 dissatisfied)
Lutheran	5	10%	(3 satisfied; 2 partly satisfied)

Mercy	3	6%	(2 satisfied, 1 partly satisfied)
General	3	6%	(2 satisfied, 1 dissatisfied)
Methodist/Blank	4	8%	(4 satisfied)
Northwest	2	4%	(2 satisfied)
Non-Polk County	1	2%	(1 partly satisfied)

Total:

Satisfied	28	72%
Partly Satisfied	8	21%
Dissatisfied	3	8%

6. *Did you contact the police?*

Yes	45	94%	
Unknown agency	1	2%	(1 dissatisfied)
DMPD	32	71%	(21 satis., 7 partly satis., 4 dissatis.)
Polk Co. Sher.	7	15%	(5 satisfied; 1 partly satis., 1 dissatisfied)
Urbandale	2	4%	(1 satisfied; 1 dissatisfied)
Clive	1	2%	(1 satisfied)
Drake	1	2%	(1 dissatisfied)
Pleasant Hill	1	2%	(1 partly satisfied)
Windsor Heights	1	2%	(1 partly satisfied)
Outside of Polk County	1	2%	(1 partly satisfied)
No	*3*	*6%*	

Total:

Satisfied	28	64%
Partly Satisfied	8	18%
Dissatisfied	8	18%

Time spent with police:

Less than 1 hour	12	27%
1 to 4 hours	21	48%
4 to 8 hours	9	20%
More than 8 hours	2	5%

7. *Did you have any contact with the Special Prosecutor?*

Yes	19	40%
No	29	60%
Satisfied	12	63%
Partly Satisfied	6	32%
Dissatisfied	1	5%

Appendix C

Manual: Focus on Sex Crimes

focus on sex crimes

- Prosecutors
- Police Officers
- Medical, Mental Health and Social Service Personnel

Polk County Rape/Sexual Assault Care Center

FOCUS ON SEX CRIMES

With the goal of lessening the trauma of the victims of sex crimes and increasing the successful prosecution of sex crimes, this manual is written by and for:

- *Prosecutors*
- *Police Officers*
- *Medical, Mental Health & Social Service Personnel*

Many of the articles have an interdisciplinary value and the readers are encouraged to acquaint themselves with all sections.

Materials in this manual (except sample forms) can be
reproduced only with the permission of the author or the
Polk County Rape/Sexual Assault Care Center
Corinne Whitlach, Coordinator
700 East University
Des Moines, Iowa 50316
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TABLE OF CONTENTS

POLICE INVESTIGATION (Green)

Guidelines for Investigation of Sex Crimes 1 Police
  1. The Victim 2
  2. The Victim's Family 2
  3. Corroborating Evidence 3
  4. The Victim's Statement as Evidence 3
  5. Sexual Assault Counseling Services 3
  6. Evidence of Prior Sexual Conduct 3
Duties of the Officers Investigating a Sex Crime 4
  1. Dispatcher 4
  2. Officers 4
    A. Division of Responsibility 4
    B. Interviewing the Victim 5
    C. Photographs 5
    D. The Medical Examination 6
    E. Writing the Report 6
    F. Witnesses 6
  3. Detective 7
    A. Interviewing the Victim 7
    B. Assignment of Cases 7
    C. Identification Procedures 7
Gathering The Evidence: Checklist in Sex Crimes Cases 7
What Charge Should be Filed 10
Conclusion 12
"Crises Intervention and Investigation of Forcible Rape" 14
"Interviewing the Rape Victim" Training Key 21
"Interviewing the Child Sex Victim" Training Key 27

PROSECUTION OF SEX CRIMES (Gold)
by Ass't. Polk Co. Atty, Karla J. Fultz

Pretrial Preparations 1 Prosecution
Physical Evidence 2
Depositions 3
Motions in Limine 3
Applicable Laws 4
Lascivious Acts 4
Admissability of Other Crimes 5
Instructions 5
Trial 6
Opening Statement 6
Witnesses 6
Rebuttal 7
Closing Argument 7
Suggested Consent Instruction 8

THE MEDICAL EXAM (Blue)

Rape Trauma Syndrome by Michael E. Abrams, M.D.
  Overview and Definition 1 Medical
  Emergency Needs of the Sexually Assaulted Woman 1
  Sexually Assaulted Patient Entry Into Medical Care Facility 2
  Attitudes of the Medical Personnel 2
  Sexual Assault Counseling Personnel 3
  Initial Medical Team Contact with the Sexually Assaulted Patient 3
  Preexamination Requirements and Considerations 3
  Written Medical History 4
  Physical Examination 5
  Medical Diagnosis 6
  Medical Treatment and Considerations - Venereal Disease and Pregnancy Considerations 6
  Medidal-Legal Responsibilities 8
  Meaning and Value of the Evidence - Spermatazoa and Acid Phosphatase 8
  Tests and Time Factors 9
  Semen Typing 9
Additional Considerations
  The Private Physician 10
  Hospital Charges 10
  When the Victim Does not Report to the Police 10
  Protection of Chain of Custody of Evidence 10
  Using Rape Kits 11
Medical Testimony by Ass't. Polk County Atty., Karla Fultz 12
When the Victim is a Child by Dr. Fred Aldrich 13
Sample Form - Consent to Examine 14
Sample Form - Medical Release 15
Sample Form - Protection of Chain of Custody of Evidence --

COUNSELING VICTIMS OF RAPE (Orange)

Introduction 1 Counseling
Who Counsels Rape Victims 1
Role of the Counselor 2
Assessing Adjustment and Referral 4
Feelings Frequently Felt by Rape Victims 5
Counseling the Retarded Victim 8
Counseling at Time of Trial 9
Counseling the Child Victim by Dr. Patrick Sullivan 10
"A Note to Those Closest to Rape Victims" 11
"Tips for Telephone Counselors" 13

APPENDIX (White)

Books and Films 1 Appendix
Sample Form - 3rd Party Report 4
Iowa Criminal Code Proposal 5

POLICE INVESTIGATION

TABLE OF CONTENTS

INTRODUCTION Police 1

GUIDELINES FOR INVESTIGATION OF SEX CRIMES 1

1. The Victim 2
2. The Victim's Family 2
3. Corroborating Evidence 3
4. The Victim's Statement as Evidence 3
5. Sexual Assault Counseling Services 3
6. Evidence of Prior Sexual Conduct 3

DUTIES OF THE OFFICERS INVESTIGATING A SEX CRIME 4

1. Dispatcher 4
2. Officers 4
   A. Division of Responsibility 4
   B. Interviewing the Victim 5
   C. Photographs 5
   D. The Medical Examination 6
   E. Writing the Report 6
   F. Witnesses 6
3. Detective 7
   A. Interviewing the Victim 7
   B. Assignment of Cases 7
   C. Identification Procedures 7

GATHERING THE EVIDENCE: CHECKLIST IN SEX CRIMES CASES 7

WHAT CHARGE SHOULD BE FILED 10

CONCLUSION 12

"CRISES INTERVENTION AND INVESTIGATION OF FORCIBLE RAPE 14

"INTERVIEWING THE RAPE VICTIM" Training Key 21

"INTERVIEWING THE CHILD SEX VICTIM" Training Key 27

THE POLICE INVESTIGATION

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office of the Hennepin County Atty. in Minneapolis,
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with adaptations by Ass't. Polk Co. Atty., Karla
Fultz and Corinne Whitlatch of the Polk County
Rape Sexual Assault Care Center

Because effective criminal sexual assault prosecution relies on the combined efforts of law enforcement, medical, social service and prosecutorial personnel and agencies, it is necessary, as a practical matter, to be fully cognizant of the professional responsibilities of one another when dealing with sexual assault.

This chapter, The Police Investigation, includes statements of the basic principles that investigating officers ought to keep in mind. It further states what kind of situations the officer will most likely confront upon investigating and also what his goals should be when investigating. The duties of the various officers involved in a sexual assault investigation, namely, the dispatcher, the investigating officers, and the detective are described.

The evidence that is normally required for a sexual assault prosecution is also explained in detail. In order for such evidence to be obtained it is obvious that an awareness of what is needed, how to get it, how to protect it and why it is needed is necessary.

The victim of a sex offense has undergone a severe life crisis. Her emotional adjustment will be assisted or damaged by the quality of her contact with the law enforcement personnel. The completeness and accuracy of her statement, the possibility of prosecution, and her testimony as chief witness will similarly be helped or hindered.

GUIDELINES FOR INVESTIGATION OF SEX CRIMES

The first responsibility confronting the officer is to deal appropriately with the emotional distress of the victim and the victim's family. The second responsibility is to properly investigate the case and preserve the evidence for possible prosecution.

The following guidelines are ways in which police officers are trained and which can most effectively satisfy both the needs of the victim and the needs of the prosecution, which need not be inconsistent. A victim who is treated with kindness and patience and who understands what the officer is doing and why, will be of far more assistance in the investigation and will usually be a better witness for the prosecution. At the same time, a thorough investigation at first will produce a stronger case for trial than the situation where the initial investigation is sketchy and a detective must later attempt to reconstruct evidence that has disappeared or been destroyed. The guidelines here are of particular use to the police officer who responds to the victim's complaint, and whose initial investigation often provides the bulk of the prosecution's evidence at trial.

1. THE VICTIM. In the crisis situation, the police officer is both a social worker providing human services and a trained investigator. Both roles are equally important. The victim of a sex crime is always humiliated, defensive, and distrustful, and may also be angered, afraid, or hysterical. The victim might also be in shock and appear absolutely calm and collected.

   In dealing with the victim of a sex crime, the officer will be patient and explain what he is doing and why so that the victim understands the need for each step in the investigation procedure. The officer will offer alternatives, such as, "Would you like to tell me what happened here or would you like to sit down first," so that the victim feels some control of the situation. The victim will be far more willing to cooperate and be able to offer real assistance to the investigation only when it is understood what is needed and why. A successful prosecution can only result if the entire truth is known and if the victim feels further victimization by police, accurate and full details may be lost.

2. THE VICTIM'S FAMILY is likely to show emotions ranging from silence to hysteria to vicious anger. The victim's parents, spouse, or lover may react with anger because they feel helpless to correct the situation. That anger may be turned against the victim by blaming the victim for whatever happened.

   The officer will not interview the victim in the presence of family or friends except when dealing with a very small child, in which case the parent will be asked to encourage the child to tell the story without permitting the parent to tell it for the child. The victim usually will not be as candid if family or friends are present, and may not want family to hear the details at all, so the officer should briefly inform the family generally what happened and suggest that they should not inquire into details unless the victim volunteers them. To do otherwise could lead to confusion and problems with the investigation.

   The officer will contact a relative or close friend and/or sexual assault counselor for the victim if desired, and request that person to meet either at the hospital (bringing a change of clothes for the victim if possible) after the medical examination or some place else that is convenient and at a time that will not interfere with the initial investigation. The officer must make sure that someone is present to comfort and be with the victim once the investigation has been completed. However, care must be taken to not let family or friends interfere in any way with the investigation.

3. CORROBORATING EVIDENCE. Ordinarily, the only witnesses to a sex crime are the victim and the assailant. Corroborating evidence, which is evidence tending to prove the crime ultimately charged, is often necessary to achieve a conviction, although not required by law. However, a jury will rarely convict a defendant unless there is some corroborating evidence in addition to the victim's testimony. There is not much corroborating evidence available in a sexual assault case. Unfortunately, what available evidence there is, is most often subject to rapid destruction such as sperm, blood stains, dirty or messy clothing or hair, minor abrasions or scratches, physical evidence to identify the scene, or evidence of a struggle. Even minor details such as the victim's recollection that there was a red light bulb in the ceiling of the room to which the defendant took the victim, if proven, will provide very important corroborating evidence. It is therefore essential that every bit of possible evidence be preserved and gathered immediately.

4. THE VICTIM'S STATEMENT AS EVIDENCE. In a sex crime, statements by the victim soon after the crime about what happened and the identity and description of the assailant are admissible in court to corroborate the victim's testimony. In Iowa, such statements made by the victim soon after the offense are admissible as evidence of the victim's prompt complaint, which is a specific exception in sexual assault cases to the general exclusionary rule against hearsay evidence. They are admissible basically because of the principle that an immediate statement made under the influence of an exciting or traumatic event before the individual has an opportunity to reflect or to fabricate a story is likely to be reliable. Frequently, the police officer is the first person to whom the victim tells the story in any detail. If the police officer's interview with the victim occurs reasonably soon after the crime or reasonably soon after the victim was able to reach safety, the officer will be able to testify at trial what the victim related to him. It is therefore important for a police officer initially interviewing the victim to make a complete report of the statement, but he should make it in his own words rather than attempt to recall quotations that might later be used to embarrass the victim, who may not remember the exact words used originally.

5. SEXUAL ASSAULT COUNSELING SERVICES. A counselor may be essential for the victim's emotional adjustment and the police officer or dispatcher should know the procedure for contact or referral. The type, extent and quality of service will vary with the community. Rape crisis centers may be of significant assistance to the police as well when they can work out mutually supportive operations and referral systems.

6. EVIDENCE OF PRIOR SEXUAL CONDUCT is no longer allowed admissible under Iowa law except in very limited circumstances. The fear of having one's past sexual behavior laid bare before the world is no longer possible. Only in rare instances will previous sexual conduct be admitted into evidence in court, such as previous activity with the assailant.

DUTIES OF THE OFFICERS INVESTIGATING A SEX CRIME

1. DISPATCHER

The police dispatcher receiving a call about a sex crime will advise the victim to wait wherever the victim is for a police squad. If in a safe place, he will advise the victim not to comb hair, clean up, change clothes or bathe. If possible, the dispatcher should keep the victim on the line and let the victim know when the squad has arrived to answer the call so as not to be further frightened by the arrival of the police.

The dispatcher will notify the hospital that a victim of a sexual offense will be arriving and will notify and instruct the sexual assault counselor -- if that service is available.

As soon as one police squad has arrived and has the situation under control, all other squads should leave the scene immediately to avoid confusion both at the scene and at the trial. The sergeants or detectives squad and the laboratory squad will be called, and should be the only squads present in addition to the initial squad of patrolmen.

2. OFFICERS

A. DIVISION OF RESPONSIBILITY

The officers who initially respond to a sex complaint usually provide the bulk of the evidence for the prosecution. The initial investigation is probably more important for a sex offense than for any other kind of case.

Upon arrival, one officer will undertake the sole responsibility for dealing with and questioning the victim. His partner will assume primary responsibility for preserving the scene, gathering evidence, and seeking assistance from detectives and the crime laboratory, instructing dispatcher to notify hospital, a sexual assault counselor and locating parent of minor.

The officer will stay with the victim throughout the initial investigative procedure, which means staying until she/he is free to return home, at which time he will deliver the victim to a family member or friend, if possible.

The officer will answer the questions of other officers at the scene or he will present their questions to the victim himself, rather than permit other officers to question the victim. The officer will do this until the investigating detective can take over and take the detailed statement. The officer will seek to obtain not only the facts, description of the suspect and his identification if available, but also ascertain whether the victim has any injuries. The officer will make sure the victim's injuries and person are photographed and will take the victim to the hospital and remain there until the victim has finished at the hospital. He will obtain any damaged or possibly evidence-bearing clothing. The officer can be relied upon and is available should the victim need him.

The officer will inform the victim of when to expect a detective to contact her for an interview and a formal statement

B. INTERVIEWING THE VICTIM

The officer who interviews the victim will determine the exact time that the offense occurred to enable himself and the detectives to obtain all of the available evidence and to prevent phony alibis by the suspect.

Investigative procedure will be explained to the victim. He will explain the need to hear what happened and that he needs a full description and any identifying characteristics of the suspect. He will explain what kinds of evidence he needs to enable the victim to assist him, that he must know the exact location of the offense, and that the victim will have to undergo a medical examination, both to discover and treat any injuries and to gather evidence for a possible prosecution.

The officer who initially interviews the victim should do his best to report the details of what the victim informs him but should not attempt to question the victim about minute details not volunteered. If he does, the victim is likely either to clam up or to tell him a partial story which will later cause problems in any trial. The initial investigating officer, under that stressful situation, will not have the time to establish the same kind of rapport with the victim that the investigating detective will later be able to establish, so the inquiry concerning details should be left to the detective and the prosecutor.

Officers dealing with the victim should be honest about their own feelings. In other words, if embarrassed and uncomfortable, he should say so! The victim will be more comfortable knowing the officer is human.

C. PHOTOGRAPHS

The officer will photograph the victim before any clothing is removed or before any cleaning or straightening up of the victim is done. Close-up photographs should be taken of any injuries to the victim, no matter how minor. This is best done at the hospital. The officer will need to obtain the assistance of the crime laboratory for the photographs of the victim and to process the scene. However, if the crime laboratory is unavailable, the evidence must be protected at the scene and the officer must take pictures himself. The pictures will be used to illustrate to the jury the victim's physical condition at the time immediately following the assault.

D. THE MEDICAL EXAMINATION

Time is critical in the obtaining of medical evidence. Sperm and seminal fluid can be recovered from the victim if the examination takes place soon enough.

If the victim is a minor, the parent or guardian must be contacted and must come to the hospital. Their signed permission is required by the hospital prior to a pelvic examination of the patient.

When the officer accompanies the victim to the hospital for a medical examination, he should ask the examining doctor and any crisis center counselors who are present not to question the victim about the details of what happened. Obviously, the doctor must find out all relevant information for his medical examination, but ordinarily does not need to question about the lurid details of the crime itself. The officer should make sure the doctor knows what tests are necessary and that the consent for release of medical information form is signed. If there is any bloody clothing or blood stains at the scene, ask the doctor to take and preserve a blood test as well. These will be preserved for possible analysis.

E. WRITING THE REPORT

Never write a joint report with another officer -- each officer must always write his own. Officers, when writing reports, should never use ambiguous or qualified language such as the "alleged" victim; such language sounds like the officer does not believe the story and a defense attorney will destroy the officer with cross-examination at trial. Officers should report completely, but not attempt to quote the victim directly. Paraphrasing the victim's statement in the officer's own words is advised so the victim will not appear to be lying when the victim cannot recall word for word what the officer was told.

F. WITNESSES

The officer will obtain the names, addresses and phone numbers of all witnesses who saw the victim before the incident, who may have seen the victim with the suspect, anyone who may have seen or heard any part of the incident itself, and everyone to whom the victim spoke after the incident and before the officer arrived. Statements from those individuals will have to be taken and may provide corroborating evidence at trial.

3. DETECTIVE

A. INTERVIEWING THE VICTIM

The detective must discover the entire story and the complete truth about the incident. A victim may tend to withhold important intimate details about the offense because of embarrassment or because some aspect of it, such as sodomy, was very repugnant.

The victim may distort or tend to withhold information because she may feel guilty about not having used good judgment or being careless in getting into the situation, or that she did not resist more, or that she provoked the attack by her appearance or actions. The detective must develop a rapport with the victim in order to find out everything about the offense and everything about the victim that is relevant to the case. A sexual assault counselor may be of assistance to the detective in developing this rapport and explaining the rationale for the questions.

B. ASSIGNMENT OF CASES

One detective or supervisor will act as coordinator to read and assign all sex offense cases and burglary cases where there was no evidence of theft or intended theft. Burglaries that are committed where there is no evidence of theft or intended theft will be cross-referenced to and handled like sex cases because they are often committed by sex offenders. Similar cases will all go to the same detective because sex offenders tend to repeat their crimes and this will make solving such crimes more likely.

One detective will be assigned to be responsible for each sex offense case from the beginning of the investigation through trial.

C. IDENTIFICATION PROCEDURES

A lineup is always better to use than photograph identification. If there is not a suspect, photographs will not be shown to a victim unless it is a last resort, because the victim may well point out one or more pictures looking like the assailant, which will make any subsequent identification by the victim worthless in court and will probably prevent prosecution of the suspect. REMEMBER, more than a mere identification of the suspect by the victim is needed to obtain a conviction.

GATHERING THE EVIDENCE: CHECKLIST IN SEX CRIMES CASES

Most of the evidence will be preserved and gathered by the investigating officers, with the exception of intimate details to be learned from the victim by the detective assigned to the case.

1. OBTAINING FACTS:

A. VICTIM- name, age, home and work addresses and phone numbers, premanent (family) address, marital status, number of children, source of income, current friends' names and addresses, date of last intercourse and identity of partner, dates of any prior sexual assaults, details about any prior relationship with the suspect and its duration.

B. OFFENSE - Exactly when it occurred, where it occurred, just how it occurred, what happened prior to its occurring and what happened after it occurred, as well as any reason for its occurrence, if one can be ascertained.

C. SUSPECT - Name and address, if known, or full and complete description:

Did the victim previously know or see the assailant before, and if so, for how long or when? How, at what time, where, and why did the victim meet up with the suspect on the date in question, did the victim ever date the suspect before, did the victim ever have conversation with, or have any sexual contact, including kissing, with the suspect before or on the date in question? Obtain details of all conversations the victim had with the suspect on the date in question.

D. WITNESSES - Obtain names, addresses and phone numbers of all parties who saw the victim before the incident, who saw or heard any part of the incident, who saw the victim with the suspect, or who talked with the victim after the incident and before the police arrived. Each of these individuals should be interviewed by the detective and statements taken from anyone with relevant information or to whom the victim stated what happened before the police arrived. This is in order to preserve the victim's statements of prompt complaint and for such individuals to report in testimony at trial.

E. PHOTOGRAPHS - OR DETAILED DESCRIPTIONS

1) Victim - If the victim has not changed clothing or cleaned up, be sure that full length photographs (or detailed description) are taken, showing any damage or messing of clothing or hair before you take any of the clothing. Close-up photographs/anatomical drawings of any injuries to the victim's person, no matter how minor, should be taken at the hospital by hospital personnel if on intimate areas.

2) Scene - If the scene is available without a search warrant, ask the crime laboratory to take detailed photographs of the scene, and to make a complete diagram of the scene where the incident occurred. The initially responding officers must protect the scene and see to it not only that photographs are taken and

a diagram is made, but also that any relevant articles are seized and property inventoried as well as finger print examinations made. If it is impossible to get the laboratory officers at the time, make sure that the scene is preserved until they can get there, and warn the victim not to disturb anything if the scene is in the victim's home. Obviously, if a rapist enters the victim's apartment through a window, any finger print evidence will be destroyed if officers or the victim are touching the window frame or window. If the scene is not available, but can be ascertained, the detective should obtain a search warrant to investigate the scene and to photograph and make a diagram of it, as well as to seize any relevant articles including any items identifying the room or area that the victim recalls and can describe.

F. PHYSICAL EVIDENCE FROM VICTIM -

1) As stated, take any possible evidence-bearing or damaged victim's clothing before letting the victim go home again or take the victim home to change and then obtain the clothing worn during the assault.

G. MEDICAL EXAMINATION OF THE VICTIM - This must be done by a licensed or resident physician (an intern cannot always be qualified as a medical expert in court and, therefore, should not conduct the examination).

1) The hospital should be notified prior to arrival so that personnel and an examining room can be prepared.

2) The officer(s) should never be present in the examining room.

3) Encourage the victim to sign a Medical Waiver, authorizing the release of the medical reports to the appropriate police and prosecuting agencies. Inform the victim that there is no obligation to prosecute by reporting the crime or by signing the medical waiver. The hospital will have a written procedure for the examination of sexual assault victims. (The medical section of this manual contains a sample procedure.)

4) Any evidence of abrasion, bruises, scratches, or other injuries should be described on anatomical drawings or photographed (by the doctor or by a nurse if they are located in private areas) and reported by the doctor in detail. If anal or oral intercourse occurred, the doctor should make the appropriate examinations for the presence of seminal fluid.

5) The officer should receive the following evidence from the doctor or nurse:

(a) Victim's clothing (everything relevant) unless the victim must be taken home to get other clothing first.

(b) Photographic film to be developed by police if photographs have been taken at the hospital.

(c) Fingernail scrapings in sealed containers, if relevant.

(d) Pubic hair combings together with the comb used, in a sealed envelope and plucked or clipped hairs from the victim, in a separate sealed labeled envelope.

6) All evidence received must be marked with the victim's name, date, hospital number, name of person taking evidence, name of any other person in the chain of evidence, and the name of the officer receiving it.

(a) Properly inventory all items taken, making sure that items needing refrigeration are properly preserved.

H. PHYSICAL EVIDENCE FROM THE SUSPECT - In addition to photographs of the suspect's person, clothing and any injuries, and the taking of the suspect's clothing, a search warrant should be obtained for a blood sample and samples of head, chest, or pubic hair if relevant to evidence found on the victim or at the scene of the crime, to be analyzed at the BCI for further identification of the suspect. If the suspect is arrested shortly after the crime, and appears to be intoxicated, an immediate blood test should be done to determine the alcohol or drug level, and a detective should consider making a video tape of his interview with the suspect to show that the suspect understands what is going on and is capable of making decisions.

Sex offense investigations present some unique problems in gathering and preserving the evidence so that the case for prosecution will be as strong as possible. Proper procedure in the investigation is particularly important because of the difficulty of obtaining a conviction in a sex case, even with a relatively strong case. The patrolman's efforts are more essential and important in a sex case than they usually are in any other felony case. In addition, police officers have the extra problem of dealing with the victim's emotional crisis, as well as conducting the crime investigation itself.

WHAT CHARGE SHOULD BE FILED

After the investigation has been completed and all facts and circumstances recorded, the case then should be presented to the investigating officer's superior or the prosecutor's office for the filing of charges. When the incident under investigation involves sexual assault, the type of sexual contact, the age of the victim and the assailant and the relationship between them, if any, are all factors which must be kept in mind when filing the charges. The following are charges which may be filed in cases involving sexual assault:

1. Rape
2. Assault with Intent to Commit Rape
3. Sodomy
4. Incest
5. Lascivious Acts With Children

RAPE - essentials

1. Sexual intercourse
2. Use of force or against the will or consent of the victim

Statutory Rape

1. Sexual intercourse
2. Female under the age of 16 years, if the male is over the age of 25 years, the age of consent is 17 years.
3. Force or lack of consent is not necessary, only the act of sexual intercourse

Rape of an Imbecile

1. Sexual intercourse
2. Female of such imbecility of mind or weakness of body to prevent sexual resistance either naturally or as a result of acts of the defendant

ASSAULT WITH INTENT TO COMMIT RAPE - essentials

1. That the victim was assaulted by the defendant
2. That the defendant had the intent to commit rape

SODOMY - essentials

1. Carnal copulation with another human being in any opening of the body except sexual parts
2. Carnal copulation is penetration to any extent of the sexual organ of one participate in the act into an opening other than sexual parts of the other person involved

INCEST - essentials

1. That sexual intercourse took place between the victim and defendant
2. That at said time a relationship between the degrees of affinity in which a marriage existing between them would be declared void, i.e. father & daughter, uncle & niece

LASCIVIOUS ACTS WITH PERSONS UNDER AGE OF 16 YEARS - essentials

1. The victim is under the age of 16 years
2. The defendant is 18 years of age or older
3. The fondling or touching of the genitals of the victim or defendant by the other
4. The solicitation of a person under the age of 16 to participate in sexual intercourse, sodomy or the use of artificial sexual organs in contact with the genitalia or anus
5. To inflict pain or discomfort on the victim or defendant by the other

In all cases where rape is the charge chosen, the important thing to remember is that there must be penetration. Under Iowa law it is not necessary to prove that there was any ejaculation. The slightest of amount of penetration is sufficient. The victim's testimony is, of course, the chief method to prove penetration, however, medical evidence which shows proof of recent sexual intercourse corroborates her testimony. It should be noted that it is no longer necessary legally to have corroboration to file a charge of rape. However, from a practical point of view, the more information you are able to present to a jury to corroborate the victim's statement, the better off you are.

In cases where assault with intent to commit rape is the chosen charge, words spoken or actions by the defendant are sufficient to show his intent.

Sodomy charges may arise in addition to a rape charge or in an incident where an older boy will victimize a younger one. Corroboration of the victim's testimony should be available as the victim is often seen to be an accomplice and there must be corroborating evidence before the defendant can be convicted. Where there has been oral genital contact there is usually no possibility of medical evidence being obtained. However, the victim's clothing should be sent to the BCI Lab for testing for possible seminal fluid. Where there has been anal intercourse, a medical examination may yield some evidence which will corroborate the statements of the victim.

Incest is a difficult charge to prove since by its very nature it involves family members. As any police officer knows, the most difficult cases to bring to trial are those which involve "domestic" situations. Care should be taken in these cases to provide protection for the child involved. It may very well be appropriate to contact the social welfare agency or a child protective service worker in regard to the victim.

Lascivious acts is a charge which will frequently be filed as a preliminary charge in cases of incest and sodomy where the victim is under the age of 16 years.

CONCLUSION

The foregoing pages have dealt primarily with the nuts & bolts items of an investigation. However, the investigation of a sex crime is different than the investigation of almost any other crime. The attitude of police officers in investigating sex crimes is generally more skeptical than in any other crime. It is of the utmost importance that the investigator discard in so far as possible his or her prejudices and feelings in regard to the victim and the crime. With the advent of the feminist movement and the opening of rape centers in many cities, the police will be faced with the investigation of more and more "non-traditional" rape cases. The average investigating officer assumes as does the the general public that if a woman is not beaten or otherwise physically abused during the rape that she is lying. Statistics show that a majority of the rapes involve threats and the threat of force rather than the actual force. An investigating officer who is concerned about the truthfulness of the victim should suggest to the woman that he would like her to take a polygraph examination. The investigating officer should also remember that it is his job to investigate, not to make decisions for the prosecutor's office. If the woman is in fact lying, a good investigation will show that and the prosecutor's office can make the decision and explain to the woman that it would appear there is not sufficient legal ground for the filing of the charges. An officer should not assume that because there has been prior consenting to the sexual relations between the parties that it is impossible for a rape charge to be filed or that if filed it would automatically be unsuccessful. Many factors go into each case, the investigator should gather all the facts as he would any other crime investigation and present those to the prosecutor.

Included in this manual is a training key dealing with subjects of interviewing the victim of a sex crime. The methods used in that training key would appear to this writer to be ones that would be useful to an investigator.

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Crisis Intervention And Investigation Of Forcible Rape

By
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and
Katherine Ellison

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Police 14

Crisis Intervention And Investigation Of Forcible Rape

By

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and

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MORTON BARD is professor of social psychology at the Graduate School and University Center of the City University of New York. His interest in human crisis began with extensive research on the psychological impact of cancer and radical surgery. Dr. Bard has directed a number of innovative community-oriented projects and organized the first Family Crisis Intervention Program within the New York City Police Department. His current focus is on crisis intervention and interpersonal conflict management in the police function.

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THE TRADITIONAL FOCUS of the police has been on law enforcement: the solution of crime and the apprehension of offenders. However, it has become almost a cliché to point out that analyses of the police function reveal that they have increasingly fallen heir (estimated to occupy between 80 and 90 percent of their time) to an increasing array of important human service functions. Traditional training gives them few tools to aid them in performing these functions. If the police are to provide these human services in the manner most satisfactory both to the public and to the officer, it is essential to draw upon the knowledge in other fields related to human behavior. This does not mean that police officers should be made over into psychologists or social workers, rather it means that they should combine knowledge from these fields with their own unique experiences and expertise to perform all aspects of their job with maximum effectiveness, safety, and satisfaction.

Both law enforcement and human service functions are combined in an officer's dealings with a victim of forcible rape. This paper will deal with ways in which the police can use psychological knowledge both to benefit rape victims and at the same time to enhance their ability to apprehend offenders and close their cases satisfactorily.

The handling of rape investigations with psychological insight not only benefits the victim in terms of future psychological functioning, but also results in greater job satisfaction for the officer. In addition, it has ramifications in a larger sphere: "the word gets around," and an image is projected to the public of an authority with psychological and technical competence. This must lead not only to greater public cooperation but also to a greater sense of security for the public at large.

CRISIS THEORY: THE BACKGROUND

The body of psychological knowledge known as crisis theory is particularly useful in enlarging an officer's understanding of the victim's psychological state and reactions, of the way the victim views the situation, and of the officer's role in relation to that event.

Modern crisis theory had its origins in 1942 when a Boston psychiatrist, Erich Lindemann, and his colleagues from the Harvard Medical School, became involved with the victims and the families of victims of the Cocoanut Grove fire. This terrible nightclub conflagration, in which almost 500 lives were lost and many more people were badly hurt, had a major impact on the city of Boston.

Lindemann's work with survivors, their relatives, and friends, produced many ideas about how to deal with victims in crisis. This work has been enlarged and elaborated on by other researchers in the field. Much of the work that has been done has dealt with people in psychiatric crises, while practical applications in other areas have been slower to develop. This paper will suggest that crisis intervention theory has particular relevance to the police especially in their interactions with the victims of crimes against the person, particularly the crime of forcible rape.

CRISIS AND ITS ASPECTS

Crisis may be interpreted in a wide variety of ways, but common to most definitions is the idea that it is a turning point in a person's life. *It is a subjective reaction to a stressful life experience, one so affecting the stability of the individual that the ability to cope or function may be seriously compromised.* Crisis comes in many kinds and degrees. An event that may be of crisis proportions for

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Lindemann, E. Symptomatology and Management of Acute Grief. American Journal of Psychiatry 101, 1944.

one person may have less effect on another, but there are some situations that may be considered crisis inducing for any individuals who experience them.

Crime victimization is one of the most stressful events in life. While it is not usually seen in crisis terms, it has all of the qualities that make for crisis. People tend to react to crime with the behavior that one sees in other, more obvious, crisis-inducing situations.

As every officer realizes, people respond differently to having been victims of crime. While highly personal reactions to stress make it difficult to suggest a formula approach to people in crisis, it *is* possible to define some aspects of a situation that will typically be perceived and reacted to as a crisis. It may be useful to discuss important characteristics of stressful situations that result in a crisis reaction.

A. Stress

1. *Suddenness*. Stressful life events that are sudden tend to have a crisis impact. When a situation comes on slowly, people are able to readjust their psychological defenses slowly to cope with it. The death of a loved one who has been dying slowly over months or years usually has less crisis impact than a sudden, unexpected death.

2. *Arbitrariness*. A situation that is arbitrary usually is experienced as a crisis. This is the sort of situation that seems unfair, capricious, and highly selective; it seems to happen in a no-fault, "out of the blue" way, resulting in the "why me?" phenomenon. An out-of-control auto selectively hitting one pedestrian in a crowd is an example of arbitrariness.

3. *Unpredictability*. Closely tied to arbitrariness and suddenness is unpredictability. In everyone's life there are normal and predictable developmental crises for which one can plan: marriage, a new job, a school examination, elective surgery, or any number of other events that are stressful but that can be predicted as being such with greater or less accuracy. Crises that can be anticipated lend themselves to planning so that some of the severity of the impact may be reduced. On the other hand, there are those crises which cannot be predicted. They are precipitated by wholly unforeseen events such as natural disasters, serious accidents, or crimes. It is the unpredictable that further confounds and complicates the stressful event leading to a crisis reaction.

B. Reactions to Stress

1. *Disruptiveness*. A crisis reaction has the characteristic of disrupting normal patterns of adaptation. Normally all of us have defenses which operate all the time to preserve the sense of "self," that is, to protect the self against the normal ebb and flow of life's events. We stay on a pretty constant course that way. But under the impact of a crisis-inducing situation, those defenses are disrupted and functioning suffers. Sleeping and eating patterns may become disturbed, work inhibitions may develop, attention and concentration become difficult.

2. *Regression*. Often individuals regress, that is, emotionally they revert to a state of helplessness and dependence that characterizes an earlier stage of development. When in a crisis, an otherwise mature and effective person behaves almost like a child in seeking support and nurturance, guidance, and direction from those regarded as strong and dependable.

3. *Accessibility*. With characteristic defenses disrupted in a state of helpless dependency, individuals in crisis are extraordinarily open and suggestible. This provides a unique opportunity to affect long-term outcomes.

One of an individual's most basic needs at this time is to ventilate feelings—to be able to talk about what has happened, to "get it out of your system." At this point sensitive intervention can help the person work through turbulent feelings about the experience and can minimize the long-term damage to psychological functioning.

If there is insensitive intervention that discourages ventilation, the individual quickly regroups his defense mechanisms and attempts to use them, often in extreme forms, to deal with the crisis. The defenses, instead of being appropriate reactions to a crisis situation, might harden into inappropriate habit patterns. For example, a common defense mechanism found in victims of crime is repression; they "forget" what has happened to them and can give only the barest, most confused details to the investigating officer. (One psychological theory tells us that this forgetting is only apparent and that the events continue to influence behavior.) Victims may tend to become paranoid and to feel someone is following them, or that the environment is dangerous, or that the offender is lurking nearby, even when this is not possible. They may develop nightmares, compulsions, or excessive, unreasonable phobias. Such defensive reactions often hinder not only the initial investigation, but also the successful legal pursuit of the case when the offender is apprehended and the case comes to trial. The person who "can't remember," who refuses to leave his or her room, and who fears all strangers can hardly be an ideal witness.

The disruption that occurs with crisis may become apparent immediately or there may be a delayed reaction. A police officer often will see a victim of serious crime, such as rape, who seemed calm and unconcerned at the time, but who, three or four weeks later, will need psychiatric treatment or be hospitalized. She may even call the officer who investigated the case and complain of acute or chronic insomnia, or phobias, or that she is depressed and cannot stop crying, and the like. Because crisis-symptoms might not be evident immediately but may show up after some period of time, the officer must act as though the situation is of crisis-proportions.

CHARACTERISTICS OF SUCCESSFUL INTERVENTION

Given the elements that make for crisis, the question then becomes, what are the basic elements that contribute to dealing successfully with a person in crisis? Specifically, what should a police officer do to help the person in crisis regain equilibrium while, at the same time, furthering his own work?

Police have several advantages as crisis intervention agents. Those who have worked with the crisis concept have emphasized the importance of earliness of the intervention. Being on the scene early allows one to take advantage of the period when the victim's defenses are down, when he/she is open and accessible to authoritative and knowledgeable intervention. The police officer is there early simply because people in crisis turn first to the police, especially when the crisis is precipitated by crime. Because the officer is on the scene first, actions taken can critically affect, either positively or negatively, the victim's subsequent behavior.

Almost as important as the immediacy is the question of authority. Most professionals in our society are seen as authority figures and their ability to perform their duties is enhanced by this aura of authority. Professional people are expected to be competent, to be able to do their jobs well. Because professionals are expected to be competent, those seeking their services act in ways that will facilitate this competency; for example, people listen and follow directions.

Some professionals have learned to take advantage of the public confidence that comes with authority. In the field of medicine, it is common knowledge that most of what a doctor cures has nothing to do with anything that is specifically wrong with people. At least 70 percent of the time of a general practitioner is devoted to functional disorders, i.e., with ailments that are basically psychological in origin. (Not unlike the 80 percent of police time being concerned with non-crime functions.) What people are cured by is a kind of laying on of hands. The doctor has come to have enormous authority in the eyes of people, and they turn to him for the satisfaction of psychological as well as physical needs. In the course of his training he learns how to use this authority in helping patients feel better.

Similarly, a police officer has considerable authority, both real and symbolic. The officer is the symbolic representation of everything from parent to the state. This is especially so when people are in trouble; people turn to the police to help in all sorts of difficulty, from a cat on the roof, to disputes with landlord or spouse, to emergency illness, to rape and robbery. Trouble is the business of the police, and society grants them much authority to help them deal with it. They must learn to use this authority. Because the police, by the nature of their job, have immediacy and authority, their behavior toward the individual in crisis must have impact upon both short and long-term adaptions of such people.

IS RAPE A SEX CRIME?

It is common to regard rape as sex crime. However, there is reason to question this view. Indeed, looking at it in the traditional way may well create a set in the police investigator's thinking that is dysfunctional. That is, to regard the act primarily as sexual in nature may distort the view of investigating officers, giving them a sense that they are dealing with something that really belongs in the area of morality. If one looks upon rape as a crime against the person, one may be more disposed to see it as one would view other aggressive crimes, such as robbery, assault, etc.

The difference in point of view may have a significant effect on the investigator's handling of the case. Despite the new morality, in our society sex is still a subject that is highly charged emotionally, and is difficult to deal with coolly and objectively. Even the most hardened officer, for example, often reports difficulty in dealing with the case of a child who has been sexually molested. The special feelings in our culture about sex are revealed by the fact that, in many states, laws dealing with sex crimes differ significantly from laws dealing with other crimes against the person. For example, a woman carrying a purse is ordinarily not considered to be "asking for" a mugging, but a woman in a short dress is often accused of "asking" to be raped. No other crime has such stringent corroboration rules or requires such blameless character and conduct on the part of the victim.

Recent research on rape[2] suggests that the intent of the offender is more often aggressive than sexual to prove his own masculinity and invulnerability by scapegoating and degrading the victim. Contrary to popular belief, the average rapist probably is not someone for whom normal sexual outlets are unavailable. Often too, the crime may follow a fight with a mother, a girlfriend or wife, and be a displacement of hostility against that woman.

RAPE IN THE CONTEXT OF CRIMES AGAINST THE PERSON

To understand the impact of rape, it would seem appropriate to examine it in the context of other crimes against the person as they are experienced by the victim. All crimes against the person can be said to be violations of the self[3] and, as such, precipitate crisis reactions.

A burglary is such a crisis-inducing violation of the self. People usually regard their homes or apartments as representative of themselves. In an important symbolic sense, their homes are extensions of themselves. It is, in the most primitive sense, both nest and castle. Particularly in a densely populated, highly complex environment it is the place that offers surcease and security. Each nest is constructed uniquely; each is different, just as individuals are different. When that nest is befouled by a burglary, it is not so much the fact that money or possessions have been taken, but more that a part of the self has been intruded upon or violated.[4]

In armed robbery, a somewhat more complex violation of self takes place. While in burglary, the victim is not directly involved, here the violation of self occurs in a somewhat intimate encounter between the victim and the criminal. In this crime, not only is an extension of the self (property, money, etc.) taken from the victim, but he or she is also coercively deprived of independence and autonomy, the ability to determine one's own fate. That is, under threat of violence, the victim surrenders autonomy and control, and his or her fate rests unpredictably in the hands of a threatening "other." This kind of situation must have a profound ego impact.

Now let us go a step further on the scale of violation of self to assault and robbery. Here there is a double threat: the loss of control, the loss of independence, the removal of something one sees symbolically as part of his "self," but now with a new ingredient. An injury is inflicted on the body, which can be regarded as the envelope of the self. The external part of the self is injured, and it is painful, not only physically, but internally in ego terms as well. Victims are left with the physical evidence reminding them that they were forced to surrender their autonomy and also of the fact that they have been made to feel like less than adequate people . . . a visible reminder of their helplessness to protect or defend themselves.

In this discussion we have moved from considering the implications of the violation of self as it relates to the extension of a person (burglary), to the loss of control and autonomy as well as part of the self (armed robbery), then to considering the insult to the envelope of the self as well as the loss of autonomy (assault and robbery). Now to the ultimate violation of self (short of homocide[5]) forcible rape. In the crime of rape, the victim is not only deprived of autonomy and control, experiencing manipulation and often injury to the envelope of the self, but also intrusion of inner space, the most sacred and most private repository of the self. It does not matter which bodily orifice is breached. Symbolically they are much the same and have, so far as the victim is concerned, the asexual significance that forceful access has been provided into the innermost source of ego.

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[2] Amir, Menachim. *Patterns in Forcible Rape*. University of Chicago: Chicago, 1971.

[3] The self is an abstract concept; sometimes called ego. It is the sum of what and who a person feels he is. A large part of the concept of self involves the body and the way one feels about the body, but it also includes such extensions of the self as clothing, automobile, and home. For example, this may be expressed in such ways as: "That's just the sort of house I'd expect him to have."

[4] This explains the sense of feeling "dirtied" often expressed by burglary victims. The intent to degrade is borne out by the fact that many burglars leave behind wanton destruction, and even, sometimes, deposits of feces.

From an ego-psychological point of view, this kind of forceful intrusion into interior space would have to be one of the most telling crises that can be sustained, particularly since it occurs in the context of the moral taboos which traditionally have surrounded the sex function. Indeed, to view rape as purely a sex crime encourages the search for possible sources of satisfaction in the experience for the victim. Actually, there is little opportunity for gratification in the context. For example, if one focuses only on the sexual, one would be tempted to minimize the effects of rape on women with considerable sexual experience. This is not the case. That is why promiscuous women or prostitutes, for whom sexual activity is certainly part of their normal adaptive pattern, will experience rape as a crisis. For all women the focus is upon the intrusion and the violation of self; even prostitutes, for whom sex is a commodity, there is a need to have a sense of control, a sense of autonomy. When this is taken from any woman, her defenses will be incapable of protecting her ego.

Adding to the victim's distress over violation is her awareness of cultural myths about rape, leading to fears of how friends and relatives will react toward her, and perhaps guilt feelings that she surrendered under duress, to a "fate worse than death." In this fearful, disrupted state, she sometimes comes to the police.

IMPLICATIONS FOR THE INVESTIGATOR

The implications of all this for police investigators are truly profound. If officers realize the crisis significance of rape and have an understanding of their role, particularly in terms of its immediacy and authority, they can be considerably aided in achieving a successful outcome of the investigation. Remember that an individual in crisis may be in a state of regression, and it is natural in such a state to try to defend the self by repressing the noxious experience. While regression provides an opportunity for fostering a relationship with the victim, repression may inhibit the communication of significant information.

A CASE HISTORY OF A RAPE SITUATION

Let us examine an example of a more-or-less typical rape case[6] and the way it was handled. Of particular interest are some of the crucial situations, how the police in this case handled them, what they did consistent with our understanding of crisis theory, and how they might have responded differently.

One Saturday afternoon an eleven year old girl, living in a large apartment complex in New York City, was accosted by a sixteen-year-old boy as she went into an elevator, was forced at knife point to the top of the building, and raped in the stairwell for half an hour. She was injured rather badly. When he left, she went down to the playground where she had been playing table tennis, picked up her racket, in a stunned manner, commented on the experience to two of her little girl friends, then went to her own building, took the elevator to her family's apartment, and told her mother about it. Her mother called the police. The police arrived quickly, questioned the family and the child with official demeanor, took the facts, and advised the family that detectives would be there shortly to conduct an investigation. They then advised a hospital examination and, indeed, took the child and her mother to the hospital which was not far away.

About two hours later, two detectives arrived, asked essentially the same questions that the original officers had asked, told the parents they would in touch again, and left.

Then the problems began. The child tried to talk about the event as the evening went on and both mother and father conspired to keep her from talking about it. The mother's guilt was operating; she experienced the event as having somehow been her fault. She had not protected her child, did not go down to the playground with her, did not keep an eye on her, etc. The father was enraged and guilty because he too had somehow failed to protect the child. There was a fifteen-year-old brother in that family who was also thrust into a state of crisis, and was being ignored. Why was he in a state of crisis? It was an event that had involved sex, an issue about which adolescents are particularly concerned. There was not much age difference between the two children; they were of different sexes, and there must have been some feelings. After all, incest taboos operate strongly in all families. And, additionally, the victim had reported that the rapist was about the same age as her brother. Thus the situation must have had serious implications for him.

What we see here is an incident in which the crime of rape has produced a crisis not only for the victim but for the entire family as well.[7] The impact of the crisis, its shattering effects, the regressive tendency of all members of this family cry out for a firm, gentle but knowledgeable authority who, by his actions, can satisfy the need for support and strength. And if this authority is a police officer, he can at this time set the basis for furthering his investigation.

For example, the parents might be approached in the following way: "Look, we're police officers; we've had experience with this sort of thing, and we understand. So let's talk about what our experience tells us is going to happen as a result of what's gone on here. You're going to feel more guilt than you may realize about what's happened to your little girl. You're going to ask yourselves, 'What could I have done to prevent this?' Well, in reality, you didn't do anything wrong, and neither did she, and there probably was nothing you could have done to prevent it. But we realize that knowing this is so doesn't keep you from feeling guilty all the same, and we understand that."

Just such a simple statement gives the message that this person with authority is knowledgeable and understanding and can actually predict and give voice to the gnawing internal experiences of these parents. Somehow this process is not only reassuring but encourages trust and an openness with the officer.

From there the investigators might go on to anticipate their future reactions so that the family and/or the victim can recognize them and deal with them as they occur. At the same time, they may set the basis for furthering the investigation. They might say something like, "We know that this is painful for the family, too. You're probably going to have a tendency not to want to hear about it, to feel that it would be best for everybody if your child didn't talk about it. But our knowledge in these situations tells us that people have a compulsive need to talk about what has happened to them, to 'get it out of their system,' to share it with someone who understands and who won't judge her or be harsh with her or blame her and says in effect, 'We still love you.'

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[5] Homicide, of course, is the ultimate violation of self. However, witnesses of the homicide or relatives of the victim are usually in a crisis state. The intervention techniques useful with the victims of crimes against the person are appropriate for use with these individuals.

[6] Contrary to public expectations, the majority of victims of rape are in their teens, and younger victims are common. Parenthetically, young male victims of sodomy are not uncommon either.

[7] This must be so in all cases; even if the victim does not tell her family about the crime, the changes that will almost inevitably be produced in her behavior as a result of the crisis will become obvious to those close to her. They will wonder what is wrong and be upset by these changes for which they can see no reason.

"Now, I want you to do a job for us. I would like you to listen to what she has to say, and if at any time in the retelling of the story there is a new piece of information you didn't hear before, write it down, and call us immediately."

In other words, these officers would not only be demonstrating to the family that they know what they are doing, but they have also given them a job to do in relation to the event. They have made them partners in apprehending the offender. The family members can feel that they can do some good in the apprehension, and at the same time they are doing the most helpful thing they can for the victim.

From the viewpoint of the investigating officers, this may seem the long way around. It implies that they should not try to get more than the barest facts at first, that the original report by the patrolman first on the scene probably is enough to begin with, and that probing at this point, especially aggressive probing, is more likely to be harmful and impede the flow of information than to be helpful.

So we would suggest that the first interrogation or interview be a very general one, a helpful one, one that demonstrates to the victim and her family that the officer is concerned about them. The emphasis is on the victim and on her family, not on the offender . . . not yet. First the victim must be allowed to "pull herself together," then she will be willing and able to deal with cooperating in the process of apprehending the offender. A realization of this priority establishes a relationship that will serve as a basis for gaining information. The investigators might even set up an appointment and say, "We'll be back next Wednesday, and we'd like to talk to you then and see how things are going. Maybe then you'll feel a little differently, and will want to go into the matter a little more." The situation is defined as one of helpfulness, not force, and the victim will repay with information and cooperation because the officers gave her and her family the support they needed in crisis.

In the long run, then, more information is likely to be gained with a little increase in time spent by the investigators. They have established a relationship of trust with the victim and with her family. Their desire to help reciprocally will also lessen the likelihood, so frustrating to the investigators, that if a suspect is arrested, the victim will refuse to cooperate, or that her family will put pressure on her to forget the whole incident.

FURTHER GUIDELINES FOR INVESTIGATION

We have attempted to present here a broad outline of how the theory of crisis intervention may be related to work with victims of rape. This outline has emerged from a blend of psychological theory and the practical experience of officers with whom it has been discussed. In discussing this outline with police officers who have dealt with rape cases, several more specific questions about the best procedures have arisen. In answer to the most common questions, some general guidelines may be presented that seem appropriate for the majority of cases. It is up to investigators, however, to realize that each situation differs and to use their discretion and intuition in determining when these suggestions are appropriate.

1. It is critical that the investigator scrupulously avoid any suggestion of force. This is especially true if the officer is male (and of course, most officers *are* male). Often, in his zeal to complete an investigation, because he is committed to what he is doing and really involved, the officer may be perceived by the victim as aggressive and forcible. In a sense, he is acting toward her essentially as the rapist had acted. The implication is obvious.

2. It is crucial that an authoritative investigator present himself in a benign, nonjudgmental way. This is especially true for the male officer. He must have patience and attempt to create a climate that will allow the individual to bring to the surface the information willingly and naturally. The extra time that this seems to take in the short run will yield more information in the long run because it tends to short-circuit repression.

3. The officer should encourage the victim to talk about what has happened, even though he may find it painful and threatening to have to listen. He may want to probe gently in a later interview for information that may be particularly shameful to the victim or that she may not know how to express. This is particularly true if some form of sexual abuse or sodomy, has or may have, occurred. The officer may say something like, "Very often women tell us other things hapened to them, too, things they consider unnatural or find hard to talk about. Did anything like this happen to you?" The officer must be careful, at the same time, not to suggest things to a victim who may lie or remember incorrectly in an effort to please him. A very gentle approach, perhaps a bit off-handed, not intense probing, may prevent the tendency to induce suggested conformity.

4. The most appropriate place for interrogation differs with the circumstances. No relationship or encounter occurs in a void. It happens in a setting and the setting often determines what happens in it. Generally, the home is the best place for an interrogation, especially if the rape did not occur there and the victim has not expressed a desire that her family not know about the crime. The home is the extension of the self, and if the interview can be done privately, within the home, it often adds to the victim's sense of safety and security. If the officer is in doubt it often is appropriate to ask, "Where would you feel most comfortable talking about this?" The station house usually is the worst place. It is an environment that is conducive neither to the sense of comfort nor of ease.

5. The question of place leads to the problem of the presence of others, and the necessity, often, of dealing with the family as well as with the victim. Most victims are part of a social network, and their reactions to a crisis will necessarily affect the way they relate to others, whether the others are told directly about the crisis or not. A victim may be afraid to tell her husband about the rape, but he cannot help but notice that her behavior has changed, that something is wrong, and this will, in turn, influence his behavior toward her, often in ways that make the crisis worse for her.

6. The victim always should be seen privately. Even the most well-meaning relative or friend will be upset by the situation and will tend to try to cut off the victim's need to ventilate. If the interview is in the home and the family members seem particularly anxious, it is sometimes helpful to interview the other members of the family first. This should be done without the victim in the room and for the purpose of assuring family members that both they and the victim are blameless. It is important that the authority make clear that the victim acted correctly because she is still alive. It is important, too, to reflect for them something of what they are feeling. They then may be enlisted as helpers in the investigative process.

7. If the victim comes to the station house alone to report the crime, she may want and need support in dealing with her family. It is appropriate to ask if she would like to be taken home and have the officer help her explain the

situation to her family. At any rate, given the nature of the social view of this crime, the meaning the crime has for the victim (i.e. violation of self), and the effect upon the person, it is very important that the privacy of the relationship with that immediate authority be uncomplicated by any other relationship. It should be developed in the context of confidentiality and closeness. If the officer establishes a good relationship with the family so that they understand the crime and its significance to the victim, then they have a way of dealing with the situation. This enables them to relate to the victim with the same sense of compassion and understanding that they have just received.

8. In later interviews, the officer assigned to the case may help the victim by de-mystifying the court procedure to her in a supportive way. He may also give her the names of organizations that have been formed to help the victims of rape. In New York City, for example, members of women's organizations familiar with the court procedure are available to supportively accompany the victim through the complexities of the legal process.

9. A frequently asked question is whether the officer assigned to the victim of a rape should be male or female. The reality in most police departments in this country is that the bulk of work is done by male officers. Even if one wanted to refer the victim to a female investigator such an officer may not be available. If the victim specifically and spontaneously requests a female officer, every attempt should be made to provide one for her. However, there is some feeling that there are advantages to having a sensitive male officer deal with the case. An understanding, supportive male at this time may help the victim overcome a natural aversive reaction to men. That is, she sees, at a time when such an experience is vital, that not all men are aggressive and harmful. This may ease her job of relating to the other men in her life. In any case, more important than the sex of the investigator is the individual officer's crisis intervention and investigative competence.

SUMMARY

In this brief presentation we have attempted to place the crime of forcible rape in the context of crisis theory. An understanding of human crisis and of crisis intervention techniques by an investigating police officer can immeasurably aid the rape victim in preserving her psychological integrity and also aid the investigating officer in the apprehension of the offender and in the preparation of a case that will stand up in court. ★

Interviewing the Rape Victim

The interview of a rape victim requires exceptionally intimate communication between the police officer and a victim who has been physically and psychologically assaulted. As such, the investigative nature of the interview represents only one dimension of the officer's responsibility. By conducting the interview tactfully and compassionately—and with an understanding of the victim's psychological condition—the officer can avoid intensifying the victim's emotional suffering. At the same time, the cooperation of the victim is gained and the investigative process is thereby made easier.

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Training Key

210

Law enforcement authorities agree that, for a number of reasons, rape is the most underreported crime in the United States. Because of the highly personal nature of rape, many victims are too embarrassed to report the crime. They would rather forget the incident than discuss it. In some instances, the rapist may be a relative or family friend, and therefore the victim is reluctant to file a complaint. Some victims do not contact the police because they fear that the investigative, medical, and prosecutorial procedures followed in a rape case are as psychologically traumatic as the crime itself.

The legal process that the rape victim encounters is unfamiliar to her and, under the circumstances, emotionally threatening. The police interview, in which the victim necessarily relives the crime by giving a detailed account of the rape and answers intimate questions, is followed by the courtroom trial where she can be subjected to an intimidating cross-examination by the defense lawyer. The legal process may take years to complete, constantly reminding the victim of the experience and making her relive it each time.

As the initial step in the legal process, therefore, the police interview should be more than an investigative inquiry. It should also be used to acquaint the victim with the complicated legal and medical system that she will encounter.

Important to the successful interview is the officer's understanding of the emotional condition of a rape victim. When interviewing a victim, the officer should not regard rape as solely a physical sexual assault. He should consider the psychological effects rape has on its victims. Often the lasting scar of rape is an emotional one, leading to marital problems, mental illness—even suicide.

Legal Elements of Rape

According to common law, there are three elements to the crime of rape when the female is over the age of consent: carnal knowledge (penetration), force, and lack of consent.

Penetration, as an essential element of rape, means that the sexual organ of the male entered and penetrated the sexual organ of the female. Court opinions have held that penetration, however slight, is sufficient to sustain a charge of rape. There need not be an entering of the vagina or rupturing of the hymen; the entering of the vulva or labia is all that is required. During the interview, the officer must clearly establish that penetration occurred with the penis. Penetration of a finger is not rape, although it is, of course, another form of assault.

The victim must have resisted the assault, and her resistance must have been overcome by force. The amount of resistance that the victim is expected to have displayed depends on the specific circumstances of the case. The power and strength of the aggressor and the physical and mental ability of the victim to resist vary in each case. The amount of resistance expected in one case will not necessarily be expected in another situation. It can be expected that one woman would be paralyzed by fear and rendered voiceless and helpless by circumstances that would inspire another to fierce resistance. There must be real, not token or feigned, resistance on the part of the woman before there can be a foundation for a rape charge.

Although there is no universal accord as to what degree of resistance is necessary to establish the absence of consent, the generally accepted doctrine is that a female, who was conscious and possessed of her natural, mental and physical powers when the attack occurred, must have resisted to the extent of her ability at the time. Resistance is necessarily relative and the presence or absence of it depends on the specific facts and circumstances. Some women will have been so terrified that there will be no physical signs of resistance.

The kind of fear that would render resistance by a woman unnecessary to support a case of rape includes a fear of death or serious bodily harm, a fear so extreme as to preclude resistance, or a fear that would render her incapable of continuing to resist. On the other hand,

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consent, however reluctantly given, at any time prior to penetration deprives the subsequent intercourse of its criminal character of rape. There is, however, a wide difference between consent and submission to the act: Consent may involve submission, but submission does not necessarily imply consent.

In the absence of a statute requiring corroboration, common law generally holds that the unsupported testimony of the victim, if not contradictory or incredible, is sufficient to sustain a conviction of rape. Some states, in order to provide safeguards against unfounded accusations of rape, have laws that require corroborative evidence. Corroboration is supportive evidence that tends to prove that a crime was committed. It lends credence to the allegation that the crime occurred and needs not to be proved beyond doubt.

It is incumbent upon the police officer to obtain all possible corroborating evidence even if there is no statute requiring it. Corroboration of a rape offense can take physical forms such as semen stains on clothing, bruises, cuts, and medical evidence of sexual intercourse. It can be circumstantial, such as statements and observations of witnesses.

Although in some jurisdictions rape can be proved by the sole testimony of the victim, it is not common. Medical and scientific evidence is of prime importance and will frequently directly influence the successful prosecution of a case.

Psychological Reactions of Victims

That rape is intrinsically a crime of physical violence is explicit in its legal definition—"the having of unlawful carnal knowledge by a man of a woman, forcibly and against her will."[1] That it is more than that, however, is apparent from the reactions of rape victims, who in many cases sustain more psychological damage than they do physical injury.

SELF-CONCEPT: Except for homicide, rape is the most serious violation of a person's body because it deprives the victim of both physical and emotional privacy and autonomy. When rape occurs, the victim's ego or sense of self as well as her body is penetrated and used without consent. She has lost the most basic human need and right: control of physical and emotional self.

Perhaps most damaging to her self-concept is the intrusion of her inner space. Psychologically, it does not matter which orifice has been violated. Symbolically, breachment of any one represents to the victim a forced entry into her ego.[2]

Police officers should be aware that the rape victim has been forced to experience an event that, from her viewpoint, is emotionally asexual. The victim's psychological response to rape primarily reflects her reaction to violation of self. As such, it is extremely important that police officers view rape as an emotional as well as a physical assault.[3] This is true regardless of the moral reputation of the victim. Even prostitutes, who regularly sell their bodies, will experience the psychological violation of self when raped.

RESPONSE TO INTERVIEW: The way in which rape victims respond to the interview situation is varied, depending on their physical condition and individual psychological makeup. The verbal styles of the victims can range from quiet and guarded to talkative. Some victims find it extremely difficult to talk about the rape, perhaps because of the personal nature of the subject or because they are uncommunicative while under pressure. Others find relief in discussing the details of the rape. Often a victim will exhibit both patterns during the course of an interview.

The two verbal patterns frequently displayed by rape victims during an interview are indicative of general emotional states that are commonly associated with the psychological effects of rape. The victim may respond to the crime in an expressed manner; that is, she verbally and physically exhibits fear, anger, and anxiety. Or, the victim may respond in a controlled behavior pattern. In this pattern the victim hides her feelings and outwardly appears to be calm, composed, or subdued.

A number of rape victims will show their feelings through physical manifestations of expressed reaction. Crying, shaking, restlessness, tenseness—all are means of expression that accompany discussion of the crime, especially the more painful details. Some women may react by smiling or laughing. They do so to avoid their true feelings. Comments such as "really, nothing is wrong with me" combined with laughter serve as a substitute for the distressing memory of the attack.

Rape victims who are composed and able to calmly discuss the rape are usually controlling their true feelings. Presenting a strong controlled appearance during a personal crisis may be the way they cope with stress. In some cases, however, the victim's state of calmness may result from physical exhaustion rather than a conscious effort to remain composed. Because many rapes occur at night, victims are frequently exhausted, not having slept since the previous night.

A silent reaction on the part of the victim may also be encountered. The officer needs to realize that silence does not mean that the victim is hiding facts. It does mean that she is having a difficult time in starting to talk about the incident.

Another emotional reaction of rape victims is to express shock that the incident occurred. Statements such as "I can't believe it happened," "It doesn't seem real," or "I just want to forget it" are common psychological responses to the trauma of rape.

Although there is no doubt that general emotional reactions to rape vary among individuals, there does seem to be one common psychological denominator: fear. Experienced police officers have often observed that the victim has feared for her life during the rape, that she viewed the rapist as a potential murderer. In most cases, the emotional reaction to this fear does not dissipate by the time of the interview.

Regardless of the victim's emotional reaction and its observable manifestations to the crime, the interview itself creates additional anxiety. In many cases, the victim is totally ignorant of police procedures; perhaps she has never before talked with a police officer. The only certain thing is that she will have to discuss with a "stranger" the details of what is probably the most traumatic experience of her life. This produces a conflict within the victim: She *knows* that to make possible an investigation, the details of the rape must be discussed, but she *feels* apprehensive about describing the experience.

The character of the emotional stress that the victim experiences when she describes the rape is perhaps frequently misunderstood. To recount the details of the rape, the victim must mentally relive the incident. In most cases, the victim's psychological defenses will interfere with her ability and desire to remember what occurred. The victim may not be able to recall certain parts of the attack, or she may consciously change certain facts or omit them. The officer must exercise great patience and understanding in eliciting from the victim the necessary details of an experience she does not want to relive. Officers need to realize that this "reliving" of the experience, if not properly handled, can amount to a psychological rape of the victim.

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[1] Anderson, William S., Ed., *Ballentine's Law Dictionary*. The Lawyers Co-operative Publishing Co., Rochester, N.Y., p. 1054.

[2] Morton Bard and Katherine Ellison, "Crisis Intervention and Investigation of Forcible Rape", *Police Chief* (IACP; Gaithersburg, Md.) May 1974, p. 71.

[3] Ibid., p. 71.

Another important factor is that the interview should be thoroughly conducted. The officer should gather complete information during the in-depth interview; thus he avoids the need to repeatedly question the victim at later dates. This constant re-interviewing in effect requires the victim to relive the experience again and again. To avoid repeated interviews, the officer must overcome some victims' reluctancy and difficulty to talk by conducting a structured interview.

The Interview

The investigative goal of the police officer in interviewing a rape victim is to determine if and how the crime occurred. It is from the statements made by the victim to the officer that the essential elements of the offense and the direction of the investigation are established.

Because the interview process may be considered as a routine operation, the police officer may, if not careful, project the feeling of not being concerned with victim as a person. The danger is that the victim may be left with the impression that she is being treated as an object of physical evidence rather than as a person. The officer cannot allow this to happen. It is during the personal and sensitive communication of the interview that the victim's cooperation is gained and her emotional well-being is maintained. If the officer treats the victim impersonally, he will not gain her confidence and the interview will be unsuccessful. The officer may also cause the victim further emotional stress.

OFFICER'S ATTITUDE: When interviewing a rape victim, the officer must realize that, from the victim's viewpoint, what has occurred has not only been a violent sexual intercourse but also a perverted invasion of her self. Further, the officer must be constantly aware of his own sexual attitudes and the subtle and not so subtle ways in which they emerge. Special care should be exercised so that the rape victim is not placed in the position of perceiving herself as being guilty because of the personal nature of the crime and the social stigma attached to it. A professional bearing throughout the interview will help the officer obtain an accurate report of the crime without causing the victim to experience unnecessary anxiety.

PHYSICAL COMFORT: It is unreasonable to expect a rape victim to respond to detailed questioning while she is uncomfortable or in physical pain. The victim may have been beaten as well as raped. Frequently, the rape has occurred outdoors, and the victim and her clothing have been soiled. Sometimes the victim has been urinated on or has been forced to commit oral sex. Under conditions such as these, the preliminary interview should be brief, and the in-depth follow-up interview should be conducted after the victim has been medically examined and treated, and her personal needs such as washing and changing clothes have been met.

SETTING: The interview should take place in a comfortable setting where there is privacy and freedom from distraction. Places such as a crowded office where the interview is subject to interruption are inappropriate. A rape victim finds it difficult to discuss the intimate details of the crime with the interviewer; her reluctance to talk will greatly increase if there are other people present. She should be isolated from everyone. This includes friends, children, husband, boyfriends, and other victims.

It is often desirable that a policewoman conduct the interview. In some incidents, particularly with a juvenile, a rape victim can more easily discuss the crime with a woman than with a man. In most jurisdictions, however, use of a female officer is not possible. However, the police should consider the utilization of the presence of a trained female, such as a nurse or social worker, to help to ease the victim's embarrassment and anxiety.

OPENING REMARKS: To most rape victims, the interviewing officer is not just a police officer. The officer is also an official representative of society, probably the first representative met during a legal process that traditionally has placed a moral burden on rape victims. As such, the officer may symbolize to the victim the entire society. His behavior may represent to the victim the general attitude of the community toward her plight. If the officer is callous, accusatory in manner or speech, the victim may leave the interview fully expecting society—and perhaps even her family—to react in the same way. In addition, the victim may begin to, or further, question her own motives and therefore feel unnecessary guilt.

At this critical point, when the officer should presume that his attitudes are being expressed to the victim, he must gain her confidence by letting her know that a major part of his function is to help and protect her. He should make plain his sympathy for and interest in the victim. By doing this, the officer contributes to the immediate and long-term emotional health of the victim. He also lays the foundation of mutual cooperation and respect on which is built the effective interview.

"VENTILATION" PERIOD: Following the opening remarks, the officer should allow the victim to discuss whatever she wants. This "ventilation" period gives the victim an opportunity to relieve emotional tension. During this time, the officer should listen carefully to the victim, but he should be aware that any initial description of the incident may be colored by the trauma of the experience. Everyone's perception of reality is altered by extreme stress.

INVESTIGATIVE QUESTIONING: After the necessary ventilation period, the victim should be allowed to describe what occurred in her own words and without interruption. As the victim tells the story of the rape, she will also tell a great deal about herself. Her mood and general reaction, her choice of words, and her comments on unrelated matters can be useful in evaluating the facts of the case. It is important in such an interview that the police officer be humane, sympathetic, and patient. He should be alert to inconsistencies in the victim's statement. If the victim's story differs from the originally reported facts, the officer should point out the discrepancies and ask her to explain them in greater detail. The officer should phrase his questions in simple language, making sure that he is understood. It is best if the questions are presented in a manner that encourages conversation rather than implies interrogation.

Often the rape victim will omit embarrassing details from her description of the crime. Officers should expect a certain amount of reluctance on the part of the victim to describe unpleasant facts. The officer should explain that certain information must be discussed to satisfy the legal aspects of rape and pursue the investigation. He may add that the same questions will be asked in court if the case results in a trial.

In a majority of cases the attack is premeditated, and about half the time the rapist has known or has seen the victim before the assault. Because of this, certain types of questions should be asked.

The victim should be asked if, and how long, she has been acquainted with the offender. The circumstances of their meeting and the extent of their previous relationship, including any prior sexual relations, should be discussed. Although previous sexual acts with the accused will not absolve the offender at this particular time knowledge of them helps to establish the validity of the complaint. Along these same lines, the officer should determine if the victim has ever made a charge of this nature in the past; review of previous records, if any, will provide insight to the present complaint.

Where it is determined that the victim had known the rapist prior to the incident, he should be identified and interviewed. If the offender is unknown, the officer must get a detailed description of him including clothing, speech, and mannerisms. The officer should determine whether the offender had accomplices or revealed any personal facts such as area of residence or places he frequented. Questions such as "Was anyone else present when first meeting or being attacked by the rapist?" should be asked. Did the offender use a weapon? What type? What kind of vehicle did he drive? After obtaining all the possible information about the unknown rapist, the officer will begin his search to identify him.

INTERVIEW'S END: As a result of having been raped, some victims suffer long-range emotional problems. At his discretion, the police officer may suggest that the victim seek assistance from an appropriate counseling agency, family physicial, psychologist, or clergyman. In addition, the officer may explain to the victim's family the emotional suffering rape victims typically encounter.

Summary

From the information given by the rape victim during the interview is developed the investigative direction of the case. Without these facts, as personal and unpleasant as they always are to recount, police investigation of the crime cannot proceed.

The manner in which the interview is conducted is vital to the emotional health of the victim. The police officer should be aware that the rape victim has been assaulted psychologically as well as physically. In conducting all phases of the interview, he should keep the well-being of the victim uppermost in his mind by acting tactfully and compassionately.

Discussion Guide

1. In many rape cases, there is a brief *preliminary* interview with the victim that takes place at the scene of the crime or at the hospital. Discuss the purpose of this interview.

A. General Considerations
. . . Determine the nature of the crime.
. . . Identify suspect if possible.
. . . Broadcast a wanted message if possible.

B. Specific Circumstances
. . . Administer first aid if required.
. . . Comfort the victim.
. . . Remain alert to signs of emotional stress.
. . . Use tact and compassion in asking basic questions about the rape.
. . . Determine if there is any physical evidence, such as hair, blood, or clothes of assailant, that should be collected.
. . . If interview occurs in home, ask victim to change clothing so you can preserve clothing worn at time of attack.
. . . If interview takes place at crime scene other than home, make arrangements for fresh clothing to be sent to hospital.
. . . Instruct the victim not to wash or douche before medical examination.

2. Rape is a psychological as well as physical act of violence. Review the general emotional reactions of victims that frequently are observable during the interview situation.

A. Verbal Styles
. . . Verbal patterns can range from quiet to talkative.
. . . Some victims find it difficult to discuss incident.
. . . Others are relieved to be able to talk about it.
. . . Often the same victim will be intermittently talkative and quiet.

B. Emotional issues
. . . "Expressed" behavior—verbal and physical reactions, including fear, anger, and anxiety, are demonstrated.
. . . "Controlled" behavior—victim hides her stress and appears to be calm and composed.
. . . "Substitution"—victim laughs or smiles to avoid her true feelings.
. . . Victim is calm because of physical exhaustion.
. . . Victim expresses shock.
. . . Fear as common psychological denominator in rape cases.

3. Satisfying the legal requirements needed to sustain a charge of rape is a vital part of the investigative process. Discuss the following aspects:

...Penetration—must be with the penis.
...Force—amount of resistance required varies depending on specific circumstances.
...Lack of consent—submission does not imply consent.
...Corroborative evidence is required in some states to sustain charge of rape.
...Regardless of state statute regarding corroboration, officer should seek corroborative evidence to strengthen case.

4. The follow-up interview of a rape victim is a delicate matter. Certain conditions should be met to make the situation conducive to discussion, to protect the victim from further emotional injury, and to conduct a productive interview.

A. Physical Comfort
...Victim has been attended to medically.
...Personal needs, such as washing and new clothes, have been met.

B. Setting
...Interview takes place where there is privacy and no interruption.
...Avoid physical barriers between you and victim if they interfere with interview.
...If possible, female officer conducts interview, or female nurse or social worker is present.

C. Preparation
...Thoroughly review all available information about the incident.
...Know what has been reported: names, places, descriptions.
...Check the police records for victim's involvement in criminal activities or previous complaints filed.
...When possible gather personal information about the victim.
...Be familiar with the crime scene and evidence gathered.
...Know the necessary elements of the offense and what facts need to be established.

D. Opening Remarks
...Officer symbolizes to victim her community's attitude towards her plight.
...Officer should not be accusatory.
...Officer gains confidence of victim by being sympathetic and putting her at ease.

E. Ventilation
...Victim relieves tension verbally.
...Officer should note remarks of victim in the emotional context.

F. Victim's Statement
...Allow victim to tell her story without interruption.
...Expect reluctance to immediately relate intimate details.

G. Investigative Questioning
...After she has stated the incident in her own words, the officer will need to ask questions to draw out the details.
...Explain that knowledge of personal details is necessary to pursue the investigation.
...The officer should put his questions in simple language, being sure he is understood.
...Tactfully point out discrepancies in victim's response, if any.
...Be alert to what is said and what is not said.
...Encourage conversation by open-end questions and the use of the long pause and by repetition of statements.
...Summarize what has been covered and ask the victim if anything needs to be added or emphasized.

H. Ending the Interview
...The officer should realize that some rape victims experience long-range emotional problems.
...If thought necessary, he should suggest to the victim to seek assistance from an appropriate agency, family physician, psychologist or clergyman.
...If possible, explain to the victim's family that she may encounter emotional difficulties and advise them to observe signs of trauma such as depression or withdrawal.

5. Throughout the nation special rape investigation units are being staffed with female officers. Many victims find it easier to talk to female investigators than to male officers. It would be desirable for every department to have female officers specially trained to handle rape victims; however, for the present time this is not possible in many agencies. Therefore, each officer, male or female, should be prepared to humanely handle a rape case, including the in-depth interview.

6. Women's anti-rape groups and police agencies are playing an increasingly active role in rape incidents. Discuss these developments and the police response to them.

A. Anti-Rape Groups
...These groups provide information to the victims about hospitals, treatment, legal matters.
...They may operate rape crisis centers and send a representative with the victim for support when she goes to the police or hospital.

B. Recommended Police Response
...Establish lines of communication to unify the range of services and procedures.
...Coordinate the many public and private groups as well as individuals involved.
...Document the extent of the rape problem in your jurisdiction.

7. To help combat and prevent rape, police departments can develop programs that inform the general public of the problems involved. Distribution of brochures outlining the preventive steps women should take to avoid being victimized and what to do if they are assaulted can reach a large cross section of the community. Representatives of the department can present lectures on the subject to social and professional groups and use radio or television to disseminate the information. In jurisdictions having a reputable anti-rape group, representatives of these groups should participate in the police public education program and even help train police officers in handling rape victims. Jurisdictions not having such a group probably could obtain assistance from a group in a neighboring city.

questions

The following questions are based on material in this Training Key. Select the best answers.

1. Which one of the following statements best describes the proper setting of an interview with a rape victim?

(a) A friend or relative should be present to calm the victim.
(b) The victim should be interviewed as soon as possible regardless of the location.
(c) The setting should be comfortable and afford privacy.
(d) Several officers should be present to witness the victim's statements.

2. In the context of interviewing a rape victim, what is meant by "ventilation?"

(a) Officer's attempt to get the victim to talk about the rape.
(b) Victim's substitution of true emotional reaction with laughter.
(c) Anxiety caused by discussing personal details of rape.
(d) Verbal release of tension.

3. If the victim knew the rapist before the attack, what can the officer assume?

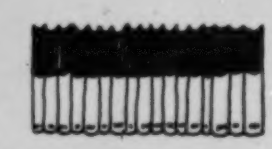
(a) Nothing.
(b) There was probably an element of consent during the incident.
(c) The victim is protecting her reputation.
(d) A rapist would not attack a woman who can identify him.

answers

1. (c) The interview should take place in a comfortable setting where there is privacy and where the victim feels free to discuss the personal details of the assault.

2. (d) Before the actual questioning by the officer, he should give the victim an opportunity to release tension by talking.

3. (a) Although the fact that the victim knows the rapist influences the direction of the investigation, at this point the officer can make no assumption based on such knowledge.



Have you read . . .

The Police Chief. "Police-Victim Relationships in Sex Crime Investigations." January 1970. International Association of Chiefs of Police, Eleven Firstfield Road, Gaithersburg, Maryland 20760.

The contention of this article is that the police by handling the victims of sex crimes with tact and courtesy can perform not only a real humanitarian service but actually do a better job of investigation.

The Police Chief. "Crisis Intervention and Investigation of Forcible Rape." May 1974. International Association of Chiefs of Police, Eleven Firstfield Road, Gaithersburg, Maryland 20760.

This article is a presentation of forcible rape in the context of crisis theory. Police officers employing crisis intervention techniques can aid the rape victim in preserving her psychological integrity.

Training Key® #224

Interviewing the Child Sex Victim

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In interviewing a child sex victim, the police officer must establish the elements of the offense without causing the victim, who is likely to be confused and frightened, unnecessary anguish. Frequently, the emotional reactions of the parents and problems of communication between the officer and the child complicate the interview process. Throughout the interview, the police officer should exercise tact, compassion, and patience, keeping the welfare of the child first in his mind.

Although one researcher has estimated that more than one million American children are sexually assaulted each year,[1] very few of these cases are brought to the attention of the police. The primary reason that child sexual abuse is a vastly underreported crime is that frequently the victim and the offender are related. Family members may not report such sex crimes because of personal shame, misguided loyalty, fear of public exposure and embarrassment, or outright complicity. The child may not relate the abuse to anyone because she is naively obedient, fears retaliation, does not want to hurt the family, or is unaware that an offense has been committed.

Because of these factors, a great majority of incidents involving family members do not surface rapidly, if at all. Often, such cases of abuse represent long periods of chronic adult-child sexual activity, in which the child maintains genuine affection for the offender although she may have negative feelings about the sex acts. Some children may be active participants in sexual relations because of their need and desire for adult or parental affection and attention.

Child assaults committed by strangers are much more likely to be reported to the police. But even here, underreporting is prevalent because children often have difficulty in understanding and relating unusual experiences. Since the assault complaint is typically registered by the parents, they must first understand and believe the child's account.

The one background factor that seems common in cases of child sexual abuse is that the victims often come from a disorganized family. A recent study[2] concluded that the great majority of sexual offenses occurred as a result of parental negligence. Three conditions of negligence were found to be typically involved: the daughter was left unprotected even though the parent knew she was in danger, the parent refused to listen to the child's story that she had been attacked or was in danger, or the parent was aware of the attack but took no positive action because a family member was the offender.

The study also showed that 33 percent of the child victims were from one-parent homes, and another 14 percent were from families where the parents were not legally married. Many of the children studied were victimized by members of their own family. For example, the report indicated that the girls between the ages of 6 and 15 were one and a half times more likely to be assaulted by a household member or blood relative than by a stranger.[3]

Underreporting is not the only obstacle that the police face in dealing with child sex victims. Even when such assaults are reported, there frequently is a substantial time lag between the occurrence of the incident and the notification of the police. Many times the parent does not learn about the attack immediately because the child "forgets" to mention it. The victim may not think to mention the incident until something triggers her memory of it. For example, while being bathed, a young girl may remember the assault and tell her mother that someone had kissed or touched her. Police officers need to realize that a late report is often caused by the child's limitations in remembering and communicating experience. On the other hand, the longer the time period between the attack and the official reporting of it, the more difficult it is to investigate the case.

After the attack has been reported, police involvement in the case usually begins with the interview of the child. Interviewing a child is different from interviewing an adult, where both the officer and the victim are at least assured of "speaking the same language." The officer has to use special skills in conducting a successful interview of a child sex victim. He needs to have an insight into how children perceive and relate events, and he must have some understanding of the psychological reactions of the child and the parents to the incident.

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[1] Leroy G. Schultz, "Child Sex Victim: Social, Psychological and Legal Perspectives," *Child Welfare*, 1973, p. 147.

[2] Vincent DeFrances, *Protecting the Child Victim of Sex Crimes Committed by Adults*, American Human Association, Denver, Colorado, 1969.

[3] *Ibid.*, p. viii.

Psychological Reactions

In cases of child sexual abuse, the police officer must consider carefully the emotional condition of the victim and her parents. An understanding of the various psychological reactions of the parents and child helps the officer to avoid causing unnecessary anguish and creates an atmosphere of trust and support, in which the investigative process, especially the initial interview, can proceed smoothly.

PARENTS: Child molestation is an offense where the emotions of the parents or guardians may be more complex and explosive than the psychological reactions of the victim. Because the child's emotional condition and attitude toward the police will likely reflect her parents' state, it is often necessary for the officer to consider the parents' reaction, if they are not involved in the offense, before concentrating on the victim.

Although parental reactions vary, there are typical emotional conditions for which the police officer can be prepared. Perhaps most common is the grief reaction, a combination of fear, anger, and sorrow. Here, the police officer should allow the parents to express or "ventilate" their feelings. After they have relieved some of their emotional tension, the officer should try to further calm the parents, assuring them that the child is safe and everything during the investigation will be carried out in her best interest.

Parents of child sex victims frequently experience feelings of extreme guilt. They blame themselves for "allowing" the assault to occur. Such expressions of guilt generally start with the word if — "if only I had moved to another neighborhood" or "if only I hadn't gone to the store." Where appropriate, the police officer should assure them that they have been responsible parents and that the only guilty party is the offender.

Sometimes the parents' guilt will be directed toward the child in the form of verbal abuse. The parents will blame the child for her misfortune. When this occurs, the police officer should separate the child from the parents and explain to them that their behavior will adversely affect the child's present condition and future recovery. Explanations such as these should be delivered tactfully, for the success of the interview and the well-being of the victim depend greatly on the rapport established between the police and the parents.

If one parent is the offender and the other parent's guilt is justified — for example, when a mother has known for some time about relations between her husband and daughter — the officer should acknowledge the mother's feelings but not criticize her behavior. Antagonizing the mother will only make interviewing the child a more difficult task.

CHILD: Many factors influence the emotional reactions that child sex victims experience. The age, level of physical and emotional development, understanding of sex, family stability, brutality of the attack, and the relationship between the victim and the offender must be taken into account, especially when trying to speculate about the long-range impact of the incident on the child's emotional health. The immediate goal of the police officer, however, is to calm and protect the victim from further emotional damage while carrying out the investigative interview.

The child may exhibit fear, embarrassment, guilt, or confusion. Emotional shock, manifested by crying, shaking, and restlessness, is a reaction that police officers frequently encounter. In such cases, the officer and the parents must comfort the child until her sense of well-being is restored.

Withdrawal is another common psychological reaction in these situations. The child may refuse to converse with the officer or to become involved in the interview in any other way. Embarrassment, a desire to forget the incident, or unfamiliarity with the interview surroundings and procedures may be at the root of this feeling. Patience and understanding on the part of the police officer will help the victim overcome these inhibiting fears.

When the offender is a family member or brutality is involved, the child may "repress" the incident and not be emotionally capable of discussing it. Repression is sometimes called "active forgetting" in that individuals will not allow themselves to remember unpleasant experiences. All that the police officer can do in this situation is to make the victim feel comfortable and secure and explain the importance of the interview in the hope that she will respond positively.

Particularly among older children, there may be guilt feelings associated with the assault. The child may feel that she somehow provoked the attack by her behavior. The guilt association may be quite childish: for example, the victim accepted candy or a ride from a stranger and then was "punished" for doing what her parents constantly warned her not to do. Or the victim's guilt may take a more adult form, such as wondering whether her own sexuality somehow enticed the offender. In any case, the police officer must make it completely clear that the child was not at fault and should not in any way hold herself responsible for what occurred.

Younger children may be genuinely confused about the attack. The victim may know that something unusual occurred but not that something "bad" or significant took place. Here, the police officer should try to get the facts of the case without alerting the child to the seriousness of the attack. So long as the child looks upon the incident as only an "unusual" event, her chances of a complete emotional recovery are very good.

The concept of "protection through innocence" should be recognized by police officers. The premise of the concept is that the young child, because of her lack of awareness of the social taboos violated, will not suffer a long-lasting emotional disturbance from a sexual assault. Although all child sex victims probably experience some degree of short-term psychological stress, most will not suffer from long-range emotional problems unless they are adversely affected by the reactions of adults.

The Interview

The interview of any victim of a sex crime is demanding work. The interviewing officer must obtain information from a victim who typically finds it difficult and unpleasant to recount the personal aspects of the crime. If the police officer does not exercise tact and compassion, not only does the interview fail as an investigative process, but also the victim may unnecessarily suffer emotionally. Although interviewing an adult victim is difficult, the interview of a child is more so. Problems of communication and identification between an adult officer and a child victim must be overcome. The task becomes even more complicated when the offender is related to the victim. When the officer is confronted with both problems in interviewing a child victim of a sexual assault, the difficulty is compounded and special attention is required.

TIMING: The interview should take place as soon as possible after the incident is reported. The longer the time interval between the assault and the interview, the less able the child is to recall the attack and relate the details. The welfare of the child cannot, however, be sacrificed for investigative expediency. Since extensive questioning by more than one officer can cause the victim emotional trauma, it should be avoided when possible. However, detailed questioning by the officer responsible for the initial interview is, however, necessary to establish whether a crime was committed and to obtain the identity or description of the suspect. The following procedures should, therefore, be applied during both the preliminary and in-depth interviews.

SETTING: The in-depth interview of the victim should not take place until after the child has been medically examined and treated and other physical needs have been met. Personal needs often include washing and changing clothing.

The interview should take place in a comfortable setting where the child feels secure. The setting should provide privacy. Places that are not free from interruptions, distractions, and noise are inappropriate for effective interviewing. A preferred location is the child's home, so long as it is not the site of the attack. It is familiar to the child and will provide the needed privacy. If an office is used, the officer should ensure that it meets basic requirements of the interview setting, and he should permit the child to become familiar with it before starting the interview.

It is often desirable that a female police officer conduct the interview of a child sex victim. This will depend on the age, sex, and feelings of the victim. In many cases, though, a policewoman will not be available. At these times, the officer should consider using the presence of a female nurse or social worker to facilitate the interview process. Although the nurse or social worker will not participate in the actual interview, her mere presence may be comforting to the child.

PARENTS AS OBSERVERS: When one of the victim's parents is the suspected offender, it is usually most productive to interview the child without either parent being present. In these cases the child probably will be hesitant to discuss the attack if family members participate in or observe the interview.

Where a parent is not the perpetrator, the police officer should explain to the child's parents the purpose and structure of the questioning before the interview begins. The officer's attitude must convey a sympathetic understanding of the parents' position, and their cooperation should be openly solicited. Experience has shown that a child's initial reaction to an interview is influenced greatly by the attitude of the parents. When the parents feel secure and display cooperativeness, the child will likely behave in the same way.

Whether the parents should be present during the interview depends entirely on the specific circumstances of the case. Some children will be frightened and uncommunicative if their parents are not present; others will be reluctant to discuss the matter in front of their family. Generally, if the child requests that her parents be present, her wish should be complied with. The parents can be seated behind the child so that they do not interfere with the questioning. When the child does not want her parents present, they may be seated outside the room where they can observe but not overhear the victim. An interview room equipped with a two-way mirror can fulfill this requirement. In all cases, the interviewing officer will have to judge what arrangement is best, keeping the welfare of the victim uppermost in his mind.

RAPPORT: One of the most important elements of the interview is the officer's ability to establish a rapport with the victim. An effective means of accomplishing this is for the officer to question the child about herself. Most children like to talk about themselves. Questions concerning the child's hobbies, school friends, and activities will show the child that the officer is interested in her as a person. In this way, an informal and friendly relationship between the two can be developed, and, in addition, the child will become accustomed to answering personal questions. Once rapport is established, the officer should be able to smoothly lead into discussion of the assault.

OBTAINING THE STATEMENT: As when interviewing an adult victim, the police officer should let the child describe the incident in her own words and should not ask detailed questions until the victim's statement is complete. The officer should listen attentively and encourage conversation with supporting gestures and comments. By nodding his head, the officer lets the child know that he is listening and understands what she is saying. Another way to encourage conversation is to repeat key words and the last word or statement that the child has made. Expressions such as "you feel that," "you are saying that," and "what you are trying to tell me" also help to draw out information.

The language the officer uses must suit the age and level of development of the child being interviewed. It is important that the officer stay on the child's level and phrase his questions in a language that the victim understands. Young children usually do not know the correct words for various parts of the body, especially sexual organs. When referring to some parts of the body, for example, children often use nicknames. The officer should ask the parents for the meanings of these nicknames and his report should reflect the terms used by the child and include the meaning attached to them by the victim. With older children, the officer's choice and manner of language will often be that of an adult. When talking to adults about sexual relationships, adolescents typically use formal terms. Adolescent girls, for instance, prefer formal language to child or street talk when discussing the topic of sex because it is less likely to embarrass them.

Because the purpose of the interview is to determine the facts of the crime, the police officer must question the victim about the details of the assault. Some details are not common knowledge among children, and they frequently cannot describe sexual activities in a vivid way. In addition, children sometimes find it difficult to distinguish between what actually happened and what they imagined to have occurred. This is especially true when the experience is a very emotional one. In overcoming these interview obstacles, the police officer relies on past experience, exercises patience, and seeks the advice of the victim's parents.

VICTIM EVALUATION: During the interview, the police officer has to establish the potential of the child as a credible witness as well as determine the truthfulness of the child's statement. This evaluation is aimed at two characteristics of the victim: her ability to accurately relate the event and to distinguish between fantasy and truth.

The child's capacity to recall and relate information can be tested by asking her personal questions. Information should be solicited from her about family life, friends, school, and other interests. General questions about the community in which she lives, such as church and recreational activities, also help to determine her level of intellectual development. The child's replies to these questions not only help in evaluating the child's ability, but also the discussion serves as a means of fostering a rapport.

The victim's ability to tell time is often a crucial factor in establishing when the attack occurred. Questions about the hours and days of the week the child attends school will aid in this evaluation. There are other routine functions in the child's life which the officer can use to determine the time of the offense including television schedule, eating habits, and daylight and nighttime activities.

Whether the child can differentiate between the truth and a lie needs to be assessed by the interviewing officer. The officer should ask the victim if she knows the difference between the two and what happens when she tells a lie. The victim's answer may be expressed in child terms, but the important thing is her attitude. She should consider telling the truth as being positive and telling a lie as being negative. If there is a need, the police officer can verify the child's reputation for honesty by talking with the parents, teachers, friends and parents of friends.

The child's ability to distinguish between fantasy and reality must also be established. If the victim's account seems improbable, overly imaginative, or exaggerated, the police officer may have to probe into her background to determine whether she often confuses real events with those imagined.

ENDING THE INTERVIEW: The police officer should never end an interview abruptly. When he has obtained all of the facts about the incident, the officer should ask the child whether there is anything else she wishes to say. The child should be told that, if she remembers anything else about the assault, she should tell her parents. If the child is old enough to understand, the officer can explain the investigative steps to be followed.

The police officer should explain to the parents that the child may have to repeat her story to others, including the prosecutor, as well as testify in court. The parents should also be told that, if the case goes to trial, the police will help prepare the child for the courtroom hearing so that the experience will not be emotionally traumatic.

The parents should be cautioned against questioning the child about the incident. The less the child has to think about the assault, the faster her emotional recovery will probably take place. If the child wants to discuss the matter, however, the parents should be advised to talk about it frankly and without embarrassment.

Sometimes child sex victims and their families experience long-range emotional difficulties. Depending on the circumstances, the police officer may suggest that they seek the help of an appropriate social service agency, family physician, psychologist, or clergyman.

Preparing the Child for Court

When the investigation of a child sex offense ends successfully and a trial is scheduled, the police should begin to prepare the child for court. The officer should explain to the child courtroom procedures and the roles of the judge, jury, prosecutor, and defense attorney. This explanation must be in such a manner that the child understands it. Where possible, the officer and the prosecutor should familiarize the child with the courtroom. She should be taken to the courtroom and allowed to sit in the judge's chair, at the attorney's table, and in the witness chair. The victim should also be familiar with where she and her parents will be sitting. By acquainting the victim with the legal proceedings, the officer accomplishes two goals. He makes the child a better witness by reinforcing her self-confidence and makes the courtroom experience less mysterious and frightening.

Summary

For a variety of reasons, sexual crimes against children often go unreported. When a case of child molestation is brought to the attention of the police, the interviewing officer is responsible for obtaining the facts so that a proper investigation of the matter can be conducted. But interviewing a child sex victim is a very difficult and delicate assignment. The officer must consider the psychological condition of the victim and her family, gain the cooperation of the parents, and question the victim without causing her additional emotional problems. He must evaluate the victim in terms of her potential as a witness, and, if the case goes to court, the officer must prepare her for the trial.

Discussion Guide

1. The report prepared by the police officer is an important part of the written case record. The officer's report will be reviewed by supervisory and command officers, prosecutors, attorneys, and courts. Decisions about prosecuting the offender will be based on the written case record. Discuss the following aspects of a report dealing with a child sex victim.

A. Accuracy

. . . Some officers substitute their own language for that of the child when writing reports of the incident.

. . . This substitution is especially obvious when formal terms are used to describe sex organs and acts.

. . . The officer's report should state exactly what the child reported, including nicknames for sex acts and organs.

. . . Within the report, the officer must state the meaning that the child attaches to nicknames.

B. Completeness

. . . Usually, the accounts of crime victims vary a little each time they discuss the matter; this is especially the case with children.

. . . Some officers listen to the various accounts and then record their own version of the incident; the version is typically a mixed restatement of what the victim has related.

. . . Instead of a restatement, the officer should record every version that the child relates.

. . . In an appropriate section of the report, the officer can write a general account of the offense.

. . . It is the variance in the small details of the accounts that gives credibility to the victim's statement.

C. Impartiality

. . . Factual information should be included in the report so that little explanation by the officer is necessary.

. . . The officer must, however, note his impressions of the child as a potential witness in a separate part of the report.

. . . The reactions of the parents should also be recorded.

. . . Observations of the parents' attitudes are important because they often are the basis for deciding whether or not to prosecute the case.

2. In cases where a child is physically as well as sexually assaulted, the victim's ability to recover may be affected more by the severity of the physical than the emotional damage. This is particularly true when a victim is left with permanent injuries or scars, which may constantly remind the child of what occurred. Discuss the following steps that the police officer can take to aid the long-term recovery of child sex victims who are disfigured or scarred as a result of the attack.

. . . First, the police officer must recognize the potential significance of a victim's disfigurement.

. . . Second, if medical personnel have not, he should inform the parents that their child may suffer long-range emotional difficulties as a result of the physical injury.

. . . Third, the officer should evaluate the available social service resources that may be of help to the child and refer the parents to a service agency or suggest that they seek assistance from a family physician, psychologist, or clergyman.

3. It is recognized that the quality of family life is related to the vulnerability of children to sexual attack and to their recovery from such assaults. The fact is that many of the children who are victimized come from families that cannot give them the physical and emotional support needed for a quick and satisfactory recovery. In addition, these children are likely to be subject to further attacks. Discuss the procedures followed in your department when it is apparent that the parents of a sex victim cannot provide their child with a healthy or secure home environment.

4. Although the child is the real beneficiary or victim of police treatment, the parents are usually those who express appreciation of or dissatisfaction with police conduct. In a study carried out by the American Humane Association, it was reported that 49 percent of the victims' families were satisfied with police action; 37 percent, however, expressed bitterness or hostility toward police behavior during the investigation. Discuss the following negative factors and how police officers can avoid making these mistakes.

A. Personal Qualities
. . . rude
. . . unconcerned
. . . unpleasant
. . . unfriendly

B. Cooperativeness
. . . failed to answer questions of parents
. . . made no effort to provide protection
. . . did not appear to be searching for the offender

C. Performance
. . . slow response time
. . . did not appear in court for scheduled trial
. . . was not interested in welfare of the child or family

D. Attitude
. . . skeptical about the attack actually occurring
. . . projected blame on child or parent

5. The interview of a child sex victim who is retarded should generally follow the procedures discussed in this Key. However, certain interview procedures and techniques are most important because of the victim's handicap.

. . . A parent or guardian should always be present when interviewing a retarded child.

. . . Not only will the presence of the parents make the child feel secure, but also their help may be needed to conduct the interview.

. . . Extreme patience and care must be shown when interviewing a retardate; for example, the officer must expect the questioning to be a painstaking task.

. . . The officer should always keep in mind that, although the victim is mentally retarded, the child's basic emotional makeup resembles that of normal persons; the victim will respond to kindness and understanding and be repelled by insensitivity.

. . . Because of the retardate's helplessness, the police officers must carefully evaluate the attitudes and behavior of the parents toward the child and the incident.

. . . It is generally desirable for the police officer to suggest that the parents seek professional assistance to help the child recover from the attack.

questions

The following questions are based on material in this Training Key. Select the best answers.

1. The concept of "protection through innocence" means that
   - *(a) The child should be told as much as possible about the legal significance of the attack so that she can competently testify in court.*
   - *(b) The short-range well-being of the child sex victim is essentially the responsibility of the police.*
   - *(c) Because a child is unaware of the significance of the attack, she is less likely to suffer lasting emotional disturbance.*
   - *(d) Most child sex victims suffer emotional difficulty only when their parents cannot provide adequate care.*

2. Only one police officer should conduct an in-depth interview of a child sex victim because:
   - *(a) Each interviewing officer would have to establish rapport with the child, thus wasting valuable time.*
   - *(b) The separate accounts of the victim would be confusing and endanger any court case.*
   - *(c) The parents would have to be present during each interview.*
   - *(d) Repeated interviewing can adversely affect the emotional welfare of the child.*

3. Which one of the following background factors seems to be most directly related to the incidence of sexual crimes against children?
   - *(a) The child's level of development.*
   - *(b) The child's family life.*
   - *(c) The child's attitude toward strangers.*
   - *(d) The child's age.*

answers

1. (c). The premise of the concept is that the young child, because of her lack of awareness of the social taboos violated, will not suffer a long-lasting emotional disturbance from the assault unless the adult reaction conveys the knowledge that the child's experience was very bad.

2. (d). Each time the victim is interviewed, she must relive an experience that may cause her emotional pain.

3. (b). Family negligence is a major contributing factor in the occurrence of sexual crimes against children.

have you read . . . ?

THE POLICE CHIEF. "Police-Victim Relationships In Sex Crime Investigations." International Association of Chiefs of Police, 11 Firstfield Road, Gaithersburg, Maryland, 20760, January 1970.
This article, by Professor William Brown, discusses how the police through careful handling of sex crime victims, can perform a real humanitarian service.

POLICE. "Interviewing Child Victims of Sex Offenses." Charles C. Thomas, Springfield, Illinois, February 1972.
This article, by C. J. Flammang, discusses the critical investigative stage of the interview and gives the officer some helpful guidelines.

PROSECUTION OF SEX CRIMES

by Assistant Polk County Attorney, Karla J. Fultz
Special Prosecutor for Sex Crimes

TABLE OF CONTENTS

Pretrial Preparations Prosecution 1
Physical Evidence 2
Depositions 3
Motions in Limine 3
Applicable Laws 4
Lascivious Acts 4
Admissability of Other Crimes 5
Instructions 5
Trial 6
Opening Statement 6
Witnesses 6
Rebuttal 7
Closing Argument 7
Suggested Consent Instruction 8

PROSECUTION OF SEX CRIMES

by Assistant Polk County Attorney, Karla J. Fultz

PRE-TRIAL PREPARATIONS

Preparation for trial should begin when the preliminary charges are filed. Early contact with the victim is desirable to begin building a relationship to assure full cooperation. A complete explanation of what legal steps will be taken should be given to the victim. Go over problem areas in the case with the victim. Possible defenses are often evident even this early in the case. Since depositions are now the rule in Iowa, make sure the victim understands their importance. Explain their use as discovery and impeachment. Allow the victim to refresh her memory from statements she gave to the police at the time of the incident.

Another witness who should be interviewed early is the first person to whom the victim spoke after the assault. The conversation the victim had with this person is admissable under the res gestae theory and can be used to buttress the victim's testimony. If the police report does not indicate the identity of this person, it should be information obtained from the victim at the earliest possible time. This is particularly important if the person is a stranger to the victim. If this witness is a stranger, waiting until a later date may mean that this valuable testimony will not be available at the time of trial.

The victim should be told that it is necessary that you have a current address and telephone number for her at all times. In areas where crisis centers are cooperative with police and prosecutors offices, the victim contact workers can provide valuable liason between the prosecution and the victim. Victims frequently do not understand the legal process and the delays which are normal in the criminal justice process. Victim contact workers can provide information and support that the victims need.

From the very beginning it is important to impress on the victim the importance of telling the complete truth. The tendency to assume guilt for the attack is common in victims of sexual assault and should be kept in mind when interviewing the victim. Often times the victim will lie about what seems to be a minor point in an effort to appear totally blameless. This is particularly true in instances where hitchhiking is a precipitating factor in the sexual assault. If the case is to be presented to the Grand Jury, it is important that any falsehoods which have been told to the police are discarded and that when the victim is placed under oath, the complete truth is told. Grand Jury minutes have been found to be discoverable after the testimony of the witness for the purpose of ascertaining the existence of impeachment material. State v. Hall, 235 N.W.2d 702 (1975).

Other than the statement of the victim, medical evidence is often the only tangible evidence available in a sexual assault case. It is important to interview your doctor prior to his testifying and to ascertain his ability to interpret the various medical tests which are performed during the examination of the victim. The doctor should be prepared to testify from the history which the victim gave him at the time he examined her in regard to the incident, her appearance, mental or emotional state and the results of any tests which were performed. The test results which are usually available are the results of an acid phosphatase test and wet and dry mount for sperm. (The medical section of this manual gives information about these tests, the results, and their interpretation.)

Other witnesses who can be very useful to the prosecution are those who observed struggling, heard screams or any other events which would indicate lack of consent on the part of the victim. Witnesses who can testify in such a manner as to indicate this lack of consent are particularly important since the defense that the act was consensual is frequently used by counsel for the defendant in rape and assault with intent to rape cases. Consent, of course, has no bearing legally in the other sex crimes, but a seemingly willing victim will sometimes cause a jury to return a guilty verdict to a lesser included offense.

PHYSICAL EVIDENCE

The importance of physical evidence that a jury can touch, hold in their hands, and take back to the jury room with them should not be overlooked. The clothing the victim was wearing, photographs of the scene, fingerprints of the assailant, weapons and hair samples are all examples of physical evidence which can be introduced in the trial of the sex crime. If a weapon was used and that weapon has not been recovered, it may be useful to obtain a weapon of a similar type and use it for demonstration purposes in the courtroom. If the attack took place in a deserted area, a photograph can illustrate that and help establish the lack of non-consent by showing that the victim had no choice but to submit. If there is a question of identity, fingerprints are extremely useful. The FBI has recently developed a method of obtaining fingerprints from skin. These fingerprints are developed by a chemical method and can be recovered if the skin is treated within an hour and one-half of the incident. The clothing of the victim will frequently show the presence of seminal fluid. The Bureau of Criminal Investigation Laboratory has the facilities for testing the clothing of the victim and also any material which might contain traces of seminal fluid. The lab also has the capability of testing hair samples for consistency or inconsistency with the hair of the victim and the assailant. Photographs may also be taken of bruises and lacerations on the body of the victim, preferably in color, and in a manner so that only the affected area is shown.

DEPOSITIONS

Depositions for discovery purposes, in criminal cases, are now allowed in the state of Iowa. State v. Peterson, 219 N.W. 2d 665 (1973). Defense attorneys will depose the victim and if there is a question of identity, the first person that she spoke with and the police officers. You should take the time to talk with any persons to be deposed prior to the deposition. Explain carefully to each of them the reason for the deposition. Section 782.4 provides for in-camera hearings regarding prior sexual conduct of the victim. It appears from both the letter and the spirit of this section, that these matters should not be inquired into during discovery deposition. Iowa RCP 148d also provides for the limitation of deposition and can be invoked to limit and block defense counsel's fishing expeditions. It should be explained to the victim prior to this deposition that any questions in regard to her prior sexual conduct will be objected to by the prosecutor and that she should not answer these questions. Allow the victim to refresh her memory from statements she gave to the police at the time of the incident before the deposition. Explain the use of depositions as discovery and for the purposes of impeachment.

MOTIONS IN LIMINE

An important trial tool for the prosecutor can be a motion in limine. A motion in limine can be used to exclude any mention of the victim's prior sexual conduct on grounds of 782.4 and alert the court to the necessity of an in-camera hearing for such matters. It can limit defense counsel's ability to inquire into areas which can be damaging to the victim's credibility but have no bearing on the issues of the charge. Examples of this may be the presence of venereal disease in the victim, illegitimate children, or an unconventional life-style.

When preparing for a trial of any case involving a sexual assault, it should be kept in mind that the juries have a tendency to try the victim. The only type of trial in which this is not true is when you have a child victim. The heavy overlay of prejudice and mythology which surrounds the charges of rape and associated offenses is such that they are some of the most difficult in which to obtain convictions. Adequate preparation of the victim to testify, including how she should dress and the mannerisms she should use, cannot be too strongly stressed. In the prosecution of sex crimes, it is more important than ever to remember that you are selling the jury, and the product you are selling the jury in these cases is the credibility of your victim. The case should be assembled with that thought in mind, with each witness corroborating as much as possible the testimony of the victim and underscoring the credibility of that victim.

APPLICABLE LAWS

Rape, Assault with Intent to Commit Rape, Statutory Rape, Rape of an Imbecile, Incest, Sodomy and Lascivious Acts with Children are the crimes which deal with sexual assault in the state of Iowa. Two of these crimes, rape and lascivious acts with children, have been amended in the last two years. The rape section was amended by striking out of the necessity for corroboration of the victim's statements. Section 782.4, which contained the corroboration requirement, was repealed and replaced by a new section 782.4 which deals with prior sexual conduct. This is probably one of the most important changes in the law and a real boon to the prosecutor of rape cases. The section specifically states that it applies only to prosecution of rape charges, however, the spirit of the section would seem to indicate that inquiry into the prior sexual conduct of a victim of an assault with intent to commit rape would be covered under this section.

Only Michigan, Florida, and California, other than Iowa, were found to have statutes limiting the use of past sexual conduct of a complaining witness in prosecutions for rape. Only two cases have been decided among the above states with regard to those statutes. In People v. Whitfield, 228 N.W.2d 475 (Mich. App. 1975), the Michigan court cited recently enacted section 750.520 (j) and held that evidence of complainant's reputation for chastity and evidence as to specific acts with defendant may be shown, but evidence of other sexual activities of complainant with third persons is not admissible in a prosecution for forcible rape. In Huffman v. State, 301 So.2d 815 (Fla. App. 1974), the court held that where the defendant on trial for rape did not contend that the prosecutrix engaged in promiscuous intercourse with other men, evidence of specific acts of prior intercourse between the prosecutrix and other men, not including the defendant, was not admissible. The Florida court pointed out that such a holding was supported by the recent enactment of section 794.022 (2) as well as established case law precedent.

Items which have been ruled to be irrelevant under 782.4 are the use of contraceptives by the victim, presence of venereal disease, cohabitation with another unmarried person, lesbianism, and generally any item which would indicate that the victim has, in fact, any prior sexual experience. If consent is not the defense used, it should be argued that any evidence of prior sexual conduct could have absolutely no relevance or materiality. The fact that chastity or lack thereof is never a defense to the crime of rape but is merely thought to be by some legal authorities as an indication of whether or not a woman would consent to an act of sexual intercourse.

LASCIVIOUS ACTS

Section 725.2 was repealed in July, 1974, and replaced by section 725.10. The new section on lascivious acts provides for the sexual arousal of either the victim or the assailant. The age of the victim must be under 16 years and that of the defendant over 18 years.

ADMISSABILITY OF OTHER CRIMES

A significant number of defendants will have convictions of a similar offense. This is particularly true in cases involving children. Since the Martin decision, 217 N.W. 2d 536 (Iowa 1974), does not allow inquiry into any convictions which do not involve truth and veracity, making the jury aware of this is very difficult.

A line of cases had developed which has allowed the introduction into evidence of crimes of a similar nature, State v. Wright, 203 N.W. 2d 247 (Iowa 1972), State v. Maestas, 224 N.W. 2d 248 (Iowa 1974). The Maestas case allowed evidence of similar crimes to establish the defendant's identity and lewd disposition. Evidence of similar crimes need not involve a conviction or even a charge but must be sufficiently clear that there is no room for speculation in the mind of the jury. State v. Armstrong, 183 N.W. 2d 205 (Iowa 1971).

The evidence of other crimes is weighed as to its probative value versus the probability of undue prejudice. When defense counsel has interjected reputation type language into his opening statement, arguing this fact as a rationale for the evidence being allowed, may be successful. Despite the problems, the use of such evidence is particularly useful in the prosecution of cases where consent is an issue.

INSTRUCTIONS

The lawyer who tries primarily civil cases will generally go to court with instructions drafted even before the jury is picked. Most prosecutors are not so well prepared. Particularly in the trial of rape cases, advance preparation of the instructions is very important. Recent changes in the statutory and case law make instructions dating from prior to April, 1975, incorrect. Section 782.4 of the Iowa Code which contained the corroboration requirement in rape cases was repealed July 1, 1974. Consequently, there is no longer an instruction dealing with corroboration in the standard instructions in rape cases. The Lord Hale instruction which began "a charge of rape is easy to make" has been stricken down by the Iowa Supreme Court in State v. Fedderson, 230 N.W. 2d 510 (1975). The Supreme Court reasoning in that case was that the instruction set up a separate class of testimony which should be viewed with more stringent standards than the testimony of other witnesses. The present instruction which deals with consent would appear to be an instruction which is slanted in much the same fashion. It contains the phrase "if a woman consents in the least during any part of the act of intercourse, there is not such opposing will as the law requires..." In no other crime is such an instruction given. The law would certainly never instruct a jury that if a person was accosted at gun point and asked for their money, that when they voluntarily handed it over, that they were consenting to the robbery. An instruction which has been given in Polk County, although not completely acceptable but better than the stock instruction 524.3 of the Uniform Instructions, is included at the end of this article.

In prosecutions involving sodomy, one should remember that sodomy is in and of itself an illegal act and the person complaining of the sodomy could be found, by the Court, to be an accomplice. If this is so, an instruction to that effect will be given. If such instruction is given, you must, of course, have corroborating evidence of the act of sodomy so that a conviction may be obtained.

TRIAL

It is impossible to write a "How to" article on how to try any case, civil of criminal. Trial practice courses in law school give the basics and continuing legal education courses refine them. However, trying sex crimes is different from the trial of other crimes. Most persons have difficulty viewing them as crimes of violence but tend to interpret them as sexual acts.

Jury selection must be done with the knowledge that rape and other crimes involving sexual acts engender strong responses in prospective jurors. The attitude of jurors to sex crimes is generally that of disbelief. Juries given the least excuse will refuse to convict. Unless the case is one involving a child, it is usually the better tactic to eliminate as many women as possible from the jury. Women seem to be particularly bad jurors, trying the victim rather than the defendant. There would appear to be identification with the victim but in a negative manner. In fact, it appears that some woman jurors think convicting on a rape or assault with intent to rape is an admission that it could happen to them. Most male jurors appear to see themselves as protectors of women and are more willing to convict.

OPENING STATEMENT

Use your opening statement to give all the facts of the case to the jury. Some lawyers prefer vague opening statements as a defense against changes in witness' testimony. However, jurors will often forget where they heard a fact, whether from a witness or in opening statement. First impressions are often lasting impressions in spite of defense counsel's protestations that the prosecution's opening statement is not evidence.

WITNESSES

The victim of the crime is usually the first witness called. Taking time to talk with her, explaining the courtroom procedure, and showing her the courtroom will be beneficial to your case. Since it is probable that she will not have seen the defendant since the attack, explain to her she will be asked to identify him in the courtroom. Ask her to point him out in a positive and forceful manner so the jury will not doubt her. Questions to her which elicit the fear, terror, and humiliation which most victims experience will help the jury experience these emotions with her and lead to convictions. Tell her to "paint a picture" for the jury so they can understand.

The victim should not remain in the courtroom after testifying. Her presence will be distracting to the jury and hearing the testimony of other witnesses may be distressing to her. Her presence may also lead the jury to believe the trial is a personal vendetta rather than a criminal case. Care should be taken in argument to stress that she is a witness to a crime and the State is the plaintiff, not her.

Presenting other witnesses in chronological order, although not required, makes the case easier for the jury to follow. If you are fortunate enough to have damaging statements which were made by the defendant, use the officer who took them as your final witness. A strong finish is always preferable, especially if no defense is presented.

REBUTTAL

If the defendant takes the stand or presents evidence by other witnesses, then there is the decision whether or not to present rebuttal testimony. Generally speaking, bringing back the victim will add little to your case. Most defense attorneys will cover matters they expect the defendant and other witnesses to testify about in their cross-examination of the victim. It should be remembered that the victim should not be recalled unless it is absolutely necessary as testimony in cases involving sexual assaults is extremely stressful for the victim even with code section 782.4. (Please see Counseling section, page 9, for suggested techniques to reduce stress for the victim.)

CLOSING ARGUMENT

Begin your closing argument with your first witness. It's important to decide the theory of your case early and keep it uppermost in your mind as you present your case fleshing it out with the responses of your witnesses. The theory and the answers of the witnesses will make up your argument. Don't anticipate defense counsel's arguments in yours. Something which seems an obvious defense argument, may not be so obvious to that person. Deal with his arguments in your rebuttal argument.

When the victim has not been physically injured, juries have a difficult time seeing a sexual assault as a violent crime. Arguments which stress the criminal acts, the victim's lack of choice, and the continuing fear experienced by the victim, should be used.

Don't overlook the explanation of the instructions during your argument. Correlating the facts of your case to the instructions help jurors put them in the proper perspective. If you have lesser and included offenses, explain them from the lowest to the highest with appropriate facts to support the verdicts. End your explanation with a call for a verdict of the highest offense.

SUGGESTED CONSENT INSTRUCTION

Before you can find the defendant guilty of the crime of rape, the State must prove, beyond a reasonable doubt, that the sexual intercourse, if any, was accomplished by force or against the will of Jane Doe, and that she did not yield her consent during any part of the act.

It is not necessary that the force exercised, if any, be only a physical force. Force may consist of threats and acts such as would overcome the will of a woman by fear provided they are such as to reasonably create apprehension of death or immediate and great bodily harm, if she did not submit. Threats and acts need not be expressed verbally and may be implied from conduct.

On the other hand, if a woman consents during any part of the act of intercourse there is not such opposing will as the law requires to establish the crime of rape. Consent need not be expressed verbally and may be implied from the facts and circumstances shown by the evidence. Where a woman is conscious and in possession of her natural mental and physical powers, is not overpowered by numbers or terrified by threats of immediate and great bodily harm, or in such place and position that resistance would be useless, she must resist to the extent of her ability at the time and under the circumstances.

In considering whether or not the defendant did have sexual intercourse with the said Jane Doe by force or against her will, you have a right to consider the physical strength and size of the prosecutrix and of the defendant, their experience and opportunity in life so far as shown by the testimony, her actions before and after the alleged commission of the crime, and all other facts and circumstances bearing upon said matter as shown by the evidence.

Prosecution 8.

THE MEDICAL EXAMINATION
# of the
VICTIM OF RAPE

TABLE OF CONTENTS

RAPE TRAUMA SYNDROME by Michael E. Abrams, M.D.

Overview and Definition Medical 1
Emergency Needs of the Sexually Assaulted Woman 1
Sexually Assaulted Patient Entry Into Medical Care Facility 2
Attitudes of the Medical Personnel 2
Sexual Assault Counseling Personnel 3
Initial Medical-Team Contact with the Sexually Assaulted Patient 3
Preexamination Requirements and Considerations 3
Written Medical History 4
Physical Examination 5
Medical Diagnosis 6
Medical Treatment and Considerations - Venereal Disease and Pregnancy Considerations 6
Medical-Legal Responsibilities 8
Meaning and Value of the Evidence - Spermatazoa and Acid Phosphatase 8
Tests and Time Factors 9
Semen Typing 9

ADDITIONAL CONSIDERATIONS

The Private Physician 10
Hospital Charges 10
When the Victim does not Report to the Police 10
Protection of Chain of Custody of Evidence 10
Using Rape Kits 11

MEDICAL TESTIMONY by Ass't. Polk Co. Atty., Karla Fultz 12

WHEN THE VICTIM IS A CHILD by Dr. Fred Aldrich 13

SAMPLE FORM - CONSENT TO EXAMINE 14

SAMPLE FORM - MEDICAL RELEASE 15

SAMPLE FORM - PROTECTION OF CHAIN OF CUSTODY OF EVIDENCE 15

RAPE TRAUMA SYNDROME

by Michael E. Abrams, M.D.

OVERVIEW AND DEFINITION

Rape is sexual intercourse without a partner's lawful consent. More specifically, rape is an unlawful act in which a male, by compulsion, or by threatening measures, forces a female, against her will, or without ability to resist, to have sexual intercourse with him. By this act, sexual intercourse, it is meant, medically, that the female's mouth, anus and/or vagina is penetrated by the male's penis and the male's penis ejaculates semen into or around these anatomical structures of the female. Legal definitions vary; Iowa case law defines rape as a vaginal penetration. Rape is more than a sexual crime. Rape to a female can be an act of life threatening violence. At the time of the rape, it is a shocking physical assault and a severe event of emotional trauma to the female's total being. Rape strikes quickly with gruesome surprise.

In 1975 in the USA, rape occurred once every 10 minutes or approximately 600± times per day and about 210,000 ± 10,000 times that year. However, only 60,000 of these assaulted women will report this crime and ask for support. Our effectiveness in solving the problems is weakened by lack of knowledge on the part of the public, the judicial and law enforcement systems, and the medical profession. Sexually assaulted women may suffer most from fear; fear of dying, fear of being assaulted again, and fear of retaliation if they decide to prosecute. This fear, along with other psychosomatic and emotional ramifications, constitutes a "rape trauma syndrome" treatable with emotional counseling and support from professionals and friends. Contrary to widespread myth, less than 1% of assaulted women die; milder force, coupled with the overriding fear of further violence, forces the submission of most victims, rather than severe injury. The main trauma is the emotional scar on the woman's daily living and lifestyle. The initial medical examination can either alleviate or deepen the scar, depending on the knowledge and attitudes of the medical team.

EMERGENCY NEEDS OF THE SEXUALLY ASSAULTED WOMAN

The patient is accepted as a high priority, psychological emergency by the medical team. Her behavior may range from appearing blase and in complete control of her feelings to being very emotional and/or hysterical with expression of fear, anger, anxiety, remorse. She is likely to be confused, frightened, tired and either disinclined to make decisions or immobilized. Her immediate needs are to be made comfortable and to be informed about the procedures to take place. She may need assistance with informing family or friends and obtaining clothing and transportation home. Her greatest need is emotional support. She needs to be treated as a total person with self respect. She needs to feel in control, not alone, and to have an empathetic as well as sympathetic, understanding listener who will help the patient be able to express her feelings and emotions.

The patient may have feelings of misplaced guilt because of her prior belief that she must have done something to provoke the attack or that she should have defended herself better. The common demoninator in all rape assaults is the feeling of being completely defenseless and vulnerable; a feeling she must be helped to overcome.

SEXUALLY ASSAULTED PATIENT ENTRY INTO MEDICAL CARE FACILITY

Prior notification of patient coming is important for the medical team (Physician and Nurse) to prearrange an examining room removed from public arena as much as possible.

It is important for the patient, also, as it gives an opportunity to explain to the patient not to bathe, douche, urinate, change clothes, eat or drink because these acts may destroy evidence that is necessary legally. She should be asked to bring a change of clothes if it is convenient. Also, an explanation should be given regarding the importance of getting a medical examination as quickly as possible before the biological evidence deteriorates. If the patient hasn't already contacted the police and/or the sexual assault center, an explanation can be offered about the patient's rights, alternatives, and what to expect after arrival to the medical facility.

ATTITUDES OF THE MEDICAL PERSONNEL

It is vitally important that the physician, the nurse, and other paramedical personnel know their own attitudes and feelings regarding rape and sexual assault and their own attitudes regarding human sexuality. It is extremely important that the medical team see the patient as just having experienced a life threatening and most shocking emotional event.

Unprofessional and inappropriate personal attitudes on the part of the medical team may increase the patient's feelings of guilt and increase the time of emotional recovery from the assault. It is essential therefore, that medical personnel remember that their role is to determine 1) whether there is injury that needs treatment, including attention to possible pregnancy and VD, and 2) IF the patient wishes to report the case, whether there is evidence that intercourse occurred. It is NOT the role of the medical professionals to decide whether or not consent was given; that is the role of the judicial system and medical people are unprofessional if they try to develop an opinion on that matter, or if they allow their attitudes in general to color their behavior. Traumatic physical signs of force and abuse are, in the majority of cases, not present!

SEXUAL ASSAULT COUNSELING PERSONNEL

Patient support functions may be performed by a nurse, hospital social worker or a sexual assault counselor or volunteer. She should be knowledgeable of, and ideally able to continue to support the patient through the medical and law enforcement and possibly, court procedures. Involvement of a support person during the initial traumatic period is preferable to referral. The sexual assault counselor is the key person on the medical team to provide the continuity of care that is instrumental for the patient's healthy adjustment to this crisis.

INITIAL MEDICAL TEAM CONTACT WITH THE SEXUALLY ASSAULTED PATIENT

If at all possible, the nurse and/or physician and/or support person is to meet the patient at the door and escort her promptly to an interview-exam room. Open-ended statements can start the interview.

> *"Hello, my name is Nurse ______ or Dr. ______. We know you've been through a very traumatic and shocking experience. It may be hard for you to talk about what just happened. We need to ask you some questions to help you medically and to help you legally. We need to do an examination and collect some specimens for testing. We will explain the why for each question and test. If at any time you have a question, or don't feel like talking, we understand why and we'll try to answer your questions. We want to help you the best way we know how."*

PREEXAMINATION REQUIREMENTS AND CONSIDERATIONS

1) Identifying information and other necessary information for preparing a medical record and documentation of the patient's visit. Age, date of birth, address.

2) Patient consent for physical exam, treatment and, if patient wishes, release of medical information to police, sheriff or other law enforcement agencies. If a minor, legal parent or guardian needs to be called. (Sample form is in this section)

3) If not done so, explanation to patient about law enforcement and/or sexual assault center notification and their role in helping the patient.

4) If patient has ever had a pelvic exam before and explanation of such.

5) If present, ongoing contact with sexual assault counselor.

WRITTEN MEDICAL HISTORY

Throughout the interview, it is important to explain before asking the question, why you need to have the answer, to avoid appearing judgmental.

1) Organized and legible as possible.

2) If patient desires to tell the whole situation, it is her choice. It is not medical-legally necessary for the physician to write down the total event. Items in the history regarding physical injury are medically important. Inquire about anal or oral intercourse; patient may not volunteer such because of embarrassment or lack of terminology.

3) Time and date of assault.

4) Last normal menstrual period and current contraceptive usage - explanation: to determine chance of previous pregnancy and time of ovulation and possibility of pregnancy.

5) Bathing, douching, gargling since time of sexual assault - explanation: washing away semen, spermatazoa, blood, tissue, hairs, etc.

6) Last time patient had vaginal sexual intercourse - explanation: if in past 24 hours, semen/typing would be necessary.

7) Current symptoms, such as pain, bleeding, cuts, bruises, etc.

8) Pertinent past medical history. Allergies, reactions to estrogen, progesterone, etc.

9) Current illnesses and medications.

Prepare for physical exam (patient can change into examining gown).

PHYSICAL EXAMINATION

1) Emotional status of patient, i.e. oriented, controlled, extremely agitated.

2) Pulse, blood pressure, temperature.

3) Collect possible evidence-bearing clothing. Exam for presence of blood, hair, semen, and other particles, i.e. grass, dirt. The Woods ultraviolet lamp can be used to detect secretions in clothing. Place clothing in bag, seal, write identifying information on it and hold or give to police. The police or BCI may exam instead of physician.

4) A very close exam of the patient's skin, hair, fingernails to detect bruises, bites, lacerations, semen, blood and evidence of trauma. Foreign matter, i.e. alien pubic hair, grass, fingernail scrapings - seal in envelope and write identifying information.

5) Pelvic Exam:

   a) External genitalia, thighs, anus to be closely observed for trauma and dried secretions. The ultraviolet lamp is used to detect dried secretions. The dried crusts can be mixed with 1-2 cc warm saline for microscopy, acid phosphatase testing and blood typing if necessary.

   b) Pre-made anatomical pictures can be used for describing findings, or photos can be taken with the victim's consent.

   c) Vaginal speculum exam:

      1. Vaginal and cervical secretions are collected by swabbing the vaginal walls and the cervix with a cotton tip applicator and placing the applicator in a test tube with ½-2 cc's of normal saline. This is sent to the laboratory for acid phosphatase and sperm analysis.

      2. The vaginal secretions are immediately studied for live or dead sperm on a microscope slide. Trichomnas, candida, and bacteria are to be noted for medical reasons.

      3. Vaginal swabs should be placed on a frosted-ended slide and prepared with Pap-smear fixative for permanent spermatazoa findings.

      4. Vagina and cervix to be inspected for lacerations and bleeding.

      5. Endocervical canal swabbed for gonorrhea culture on Thayer-Martin culture. A cancer Pap smear is optional. Patient has a choice.

   d) Bimanual exam. Physician uses one hand intravaginally and one hand on abdomen. Detects uterus size and position, pain and size of ovaries and tubes and checks for unseen vaginal tears and internal damage. The rectum is also examined to detect lacerations and for pain. If history of anal intercourse, smears for sperm and acid phosphatase.

e) Pharynx and throat exam. If patient gives history of oral intercourse, saline swab smear is collected from pharynx for acid phosphatase. A wet mount for motile sperm, a dry slide mount (fixed) for dead sperm and a gonorrhea culture.

f) A urine analysis will often show sperm up to 8-12 hours after vaginal intercourse. Urine specimen for pregnancy test, especially if estrogens are given for therapy reasons. (Optional)

MEDICAL DIAGNOSIS

Sexual Assault or Suspected Rape

Diagnosis as "sexual assault" is preferred since that term has no legal connotation (in Iowa). When the legal term, "rape", is used, it is necessary to precede it with "suspected". The term "alleged" is unacceptable as it connotes disbelief.

MEDICAL TREATMENT AND CONSIDERATIONS

1) Immediate repair of any lacerations, and dressings for abrasions, etc.

2) Tetanus toxoid given if indicated for lacerations.

3) Venereal disease question: Testing for gonorrhea and syphilis at the time of exam can be optional. Testing at the time, cultures and a blood serology, denotes the patient as already having one of these infections if the tests are positive.

   If testing at time of exam is negative, the gonorrhea culture can be done 7-10 days after the initial exam. The VDRL blood test for syphilis may not become positive up to 6 weeks after initial exam but the Fluorescent Treponeal Antibody test can be positive within two weeks after positive syphilitic contact.

   Neither disease needs treatment until proven to be present by culture or by blood test. If treated initially, 4.8 million units of Procaine Penicillin with 1 gram of Benemid orally will hold gonorrhea and syphilis in the incubation stage.

   Other venereal diseases to be considered are Herpes progenitalis virus, venereal warts virus, hepatitis B virus, mycoplasma and trachomitis viruses. Trichomonas and candida have been mentioned.

4) Pregnancy Considerations:

   a) Pregnancy is rare with rape. There is a calculated 4% chance of pregnancy with one intravaginal penetration with viable sperm if it happens during time a woman ovulates.

b) Patient has several alternatives. It need not be an issue at time of initial exam. Patient is under extreme pressure and questions of pregnancy and abortion may only increase her conflict.

c) Alternatives if pregnancy possible and not wanted:

1. Endometrial aspiration. Menstrual extraction (suction).

2. Elective termination of pregnancy or abortion up to 3 months of pregnancy.

3. Stilbesterol 50mg per day times 5 days and within 72 hours of intercourse. This is FDA approved, but drug is not easily available.

   If patient elects to take Stilbesterol, explain to her the side effects of neusea, vomiting and remote chance of a female baby developing vaginal adenosis (cancer). If a patient taking Stilbesterol becomes pregnant, abortion is recommended because of fact that you cannot guarantee patient's offspring will not have vaginal cancer if a female or bladder cancer if a male.

4-7 NOT FDA APPROVED

4. Premarin intravenous push up to 24-48 hours after intercourse.

5. Premarin 12 mg p.o. per day times 5 days.

6. Ethinyl Estradiol 5 mg per day times 5 days.

7. Progesterone, 200 mg intramuscular injection within 48 hours of intercourse.

8. Patient to be counseled, advised and to be given time to think out what she feels is best. Ultimately, it is her decision.

5) Acute counseling, emotional support, and tranquilization may be necessary after the exam. The patient is given alternative to return to medical facility and physician for counseling or can be done through sexual assault center, or by joint team effort, or referral. Not all victims/patients need or want counseling.

6) Follow for rechecking of bodily harm injuries and other tests. Pregnancy, VD, X-rays for fractures, etc.

7) After interview and exam, patient may want to wash up, use mouthwash and need new clothing.

MEDICAL-LEGAL RESPONSIBILITIES

1) If an accurate, legible and complete medical record is done, the chart and tests will speak for themselves. The physician only to be present in court for certification of tests and medical record.

2) The main responsibility legally for the medical personnel to determine and document whether penetration, with or without ejaculation, occurred in the vagina, anus and/or mouth. The mere entrance of the penis into the vulva or between the labia majora is sufficient to constitute penetration. Also to document bruises and lacerations.

3) Medical personnel are not responsible to determine whether the sexual assault was against the will of the assaulted.

MEANING AND VALUE OF THE EVIDENCE

1) Spermatazoa: One of the best indicators of recent vaginal intercourse. Live sperm indicates intercourse within 3-4 hours and, in rare instances, up to 24 hours. Most intra-vaginal sperm die after 4 hours but can stay intact up to 72 hours. The dried Pap smear slide for sperm becomes the most critical test if patient is examined 13 or more hours after the assault. The fixed slide is kept for 5-10 years as evidence.

2) Acid Phosphatase:

   a) Since the increased incidence of vasectomies, this test has become a vital necessity to prove sexual intercourse within the past 12 hours.

   b) Acid phosphatase is secreted by the prostate into seminal vesicle fluid called semen. Acid phosphatase stays stable up to 12 hours after ejaculation and can be detected intravaginally/orally/rectally on the skin and recovered from clothing.

   c) Acid Phos. can be frozen for preservation up to 1 year without appreciable loss of quantity.

   Acid Phos. values are recorded in

Bodansky Units	Normal 0.5-2 u
International Units	Normal 0-2 u
King Armstrong Units	Normal 1-5 u
Bessey-Lowry-Broch Units	Normal 1.1-0 u
Gutman Units	Normal 0.5-2 u
Shinowara Units	Normal 0-1.1 u

d) In our experience with International Units, a value of 1000 + u, this means intercourse has occurred within last 3-4 hours in majority of cases. Live sperm are always seen with values of 1000 + u.

e) Using Bondasky units, in 3-4 hours after intercourse the values will range from 120-150 units. In all tests, after 12 hours, the acid phosphatase will be insignificant because of biological breakdown. The female vagina has a normal background amount of acid phos. and may run up to 40 units with international units and up to 15 units with Bodansky test. We don't know how infection, hormone use, and other diseases affect vaginal acid phosphatase.

* Recent new findings in our ongoing research project

f) Acid Phosphatase (ACP) values from vaginal secretions are significantly elevated up to 24 hours after vaginal intercourse in certain patients.

g) Acid Phosphatase (ACP) secretions from the vagina are found to be stable and significantly elevated even though the specimen has not been frozen and has remained at room temperature in a saline solution up to 60 hours after collection.

h) Acid Phosphatase (ACP) can be recovered from a cotton applicator that has been soaked in saline. Also, ACP can be recovered from Vaginal Tampons, i.e. Tampax, in significant amounts that denote intercourse within the past 12-24 hours.

TESTS AND TIME FACTORS

In the first 4 hours after intercourse, live sperm is the best evidence. If no sperm is present, the acid phosphatase is best test up to 12 hours after intercourse. After 12 hours, dead sperm can be present for 48 hours if no bathing or douching and the dried, Pap smear is best test. After 48 hours, pregnancy is best indicator of intercourse.

SEMEN TYPING

Semen typing is best done from dried seminal stains found in patient's clothing. The BCI Lab has this capability. Typing semen from vaginal secretions can be done, but the patient's blood has to be drawn and typed also.

ADDITIONAL CONSIDERATIONS

THE PRIVATE PHYSICIAN

The physician in private practice will generally prefer or refer a patient to a hospital emergency department with an established procedure for an evidence gathering examination. Since this referral may be interpreted by the patient as a rejection of her, the rationale should be carefully explained. However, the patient's emotional response and the necessity for prompt examination may preclude referral. If so, the doctor will likely need to be advised on what tests to take, the procedures necessary to protect the chain of custody of evidence, and the possibility of testifying at trial. This manual and a prepared rape kit would be helpful.

HOSPITAL CHARGES

Insurance and medical cards will cover the cost of the Emergency Department examination and laboratory costs, just as for any other accident treatment. The costs vary between hospitals but generally the total for the outpatient visit, lab tests, and doctor's fee is about $75 for a routine non-injury rape exam. Some hospitals, recognizing that the purpose of much of the exam is to gather legal evidence, have agreed to not charge patients who lack insurance or complete coverage if they are referred by the police for the routine rape examination. In some states, the police or county attorneys office is responsible for all or part of the charges if the victim reports the crime. This provision is in the revised Iowa Criminal Code.

WHEN VICTIM DOES NOT REPORT TO THE POLICE

Most of this article deals with the medical examination of a patient who reports the assault to the police. In such instances, the medical team needs to gather evidence that sexual intercourse occurred. However, some patients do not want to report the attack; this is their privilege and pressuring them to do otherwise will only add to their trauma. Such patients should be examined for physical injury and counseled regarding the possibility of pregnancy and the need for a future examination for venereal disease. If the patient agrees, the complete examination should be done in order to allow prosecution if she changes her mind. She may want the hospital or sexual assault counselor to file an anonymous "third party" report with the police. (A sample form is found in the Law Enforcement section.)

PROTECTION OF CHAIN OF CUSTODY OF EVIDENCE

Once the evidence has been collected, it may be significant for proper admission as evidence in the court of law that the custody of the evidence be accounted for at all times from collection until admission. It is not necessary for the police officer to be in the examining room. Your law enforcement agency or county attorney may provide direction. In lieu of other direction; any foreign (grass, clothes, etc.) evidence should be placed in an envelope or sack, sealed, labeled with the date, time, patient's name and doctor's signature, and immediately turned over to the law enforcement agency or locked (perhaps in narcotics case) until turned over. Specimens for laboratory examination should be locked until time of such examination and hand carried to the laboratory. Each person who handles the specimens should sign their name, date, and time of contact (see index for sample form). Results of the tests should be sent to the agency designated on the consent for release of medical records form (see index for sample form).

USING RAPE KITS

Prepared rape kits are available commercially and from some law enforcement agencies. Their usefulness is inversily proportionate with the skills of the facilities where the victim is examined. A facility accustomed to treating rape victims will have procedures that will result ir the gathering of all necessary legal evidence. The live sperm tests can only be done at the place and time of the examination. Pubic and head hair samples are useful only where identification is an issue.

MEDICAL TESTIMONY

by Ass't. Polk Co. Atty., Karla Fultz,
Special Prosecutor for Sex Crimes

Questions you may expect:

If you are a doctor who has examined a victim of a sexual assault, you may be expected to be called to testify when the defendant is brought to trial. The prosecutor will very likely want to talk to you prior to your appearing on the stand. Some of the areas in which there will be interest is that of your educational background and membership in any professional society. The number of times that you have treated victims of sexual assault will also be important to the prosecutor since that has the effect of making you an expert in the area if you have treated many persons. It is likely that you will be allowed to refer to your report while you are testifying so bring a copy with you when you come to court. The prosecutor will want you to be prepared to testify as to the physical, emotional and mental condition of the patient. You will also be asked to relate the history which was given to you when you came in contact with the victim. Hopefully, you will have recorded on your medical report your observations as to the victim's appearance. Dr. Marcia Storch, who treats more than 200 rape victims a year at Roosevelt Hospital in New York, stated in a recent article, "It is my practice to stress positive findings because I feel negative findings are often misleading and they tend to work against the patient's legal case, if there is a court proceeding. An example of a negative comment is to note that the patient's clothing is not torn, or that there are no marks of trauma. One should make a notation of things that one does find, and, in the vast majority of rapes, there are few positive physical findings, or none."

You will be asked by the prosecution to interpret the results of any laboratory tests which were done. If you are unsure of your ability to interpret the tests, speak with your hospital pathologist and familiarize yourself with the interpretation of the tests. When you are asked the questions, do not answer by saying, "Well, Dr. Blank, our hospital pathologist told me that..." Merely state that the results indicate that there was recent sexual intercourse, if that is the fact.

Most defense attorneys hesitate to cross-examine doctors, assuming that the doctors know so much more about their field and fear the answers will be adverse to them. To foster this attitude in the defense attorney, it is wise for a doctor to appear as sure as possible when answering the questions of both the prosecutor and the defense attorney.

WHEN THE VICTIM IS A CHILD

by Dr. Fred Aldrich, Methodist Medical Center

In children, rape is only one aspect of a constellation called child abuse. The victim may be a boy or a girl. Oftentimes, family members may be involved. In any event, proceed with concern, as the medical evaluation may repeat or recount the abusive act.

In Iowa, suspected cases of rape or other abuse where the victim is a child are reportable under the code. The proper channels for reporting involve the Child Protective Services Agency. They will undertake to investigate the social situation surrounding the suspected abuse and offer case-work to the parties involved should they deem it advisable.

Remember that family members are often abusers - sexually and otherwise. In any event, the psychologic set of the family is important to note. Also, children may not perceive rape or other acts as abuse. Rather, they may view it as a "game" or a means of gaining attention. The attitude of those accompanying the child victim may indicate long-term outcome. Parental guilt and rejection of the child may be apparent during the initial interview. The attitude of the medical personnel should be one of reassurance and empathy. One must deal with the child's parents, as well as the child, during the medical examination. Medical personnel should carefully explain the details of the examination at an age-appropriate level to the child. Also, details of the history from the patient should be obtained without parents present. Otherwise, answers regarding previous sexual functioning or birth control may be altered by the patient to conceal information from the parents.

Medical aspects to be covered include:

a - History from child
b - History from those accompanying child
c - Physical examination especially for visible signs of trauma
d - Cultures and specimens for sperm count and acid phosphatase from throat, nasopharynx, rectum, vagina
e - Photographs and x-rays, if appropriate
f - Report to Child Protective Services
g - Obtain patient's blood for serology of syphillis. Also, arrange for later recheck.
h - Arrange for follow-up care of patient and family
i - Contact Sexual Assault counselor if available

Consider using a nasal speculum for vaginal examination. Remember, that the examination itself may be interpreted, by the child, as a repetition of previous abuse. Above all, it is important to maintain concern and empathy while not becoming judgmental.

BROADLAWNS POLK COUNTY HOSPITAL
DES MOINES, IOWA

SAMPLE CONSENT TO EXAMINE FORM

CONSENT TO OPERATION, ANESTHETICS AND TREATMENT

I, the undersigned, do hereby consent to and authorize medical treatment and any and all surgical operations or procedures, including administration of anesthetics upon ____ while a patient in any hospital under the supervision of Broadlawns Polk County Hospital, Des Moines, Iowa, which the duly appointed member or members of the Medical and Surgical staff and said hospital shall deem advisable. Exceptions:____
(If none, so state)

I consent to the disposal of any material, specimens, or organs which may be removed by authorities of Broadlawns Polk County Hospital or its agents.

Date____________________ Time________ A.M. P.M.________________________________(1)
Signature (or name) of Patient

If patient cannot legally sign, state reasons:________________________________
(Minor, Incompetent, etc.)

I, hereby, authorize this consent:________________________________(2)
(Signature)

My relationship to the patient is________________________________
(Wife, husband, parent, guardian, son, friend, etc.)

Note: The spouse of a married adult, or parent or guardian of an unmarried minor, should sign (2) above. If another must sign, he should write on the line below that " the (Parent) (spouse) (etc.) cannot sign as (he) (she) is (deceased) (incompetent) (unavailable) (etc.)".

____

Witness to above consent:________________________________ Date______________
(Signature)

PLEASE NOTE: Chapter 255,22, 1962 Code of Iowa
No minor or incompetent person shall be treated for any malady or deformity except as is reasonably well described in the court order or the report of the examining physician, unless permission for such treatment is provided for in the order of the court, or is granted by his parents or guardian; but the physician in charge may administer such treatment or perform such surgical operations as are usually required in cases of emergency.

PROPOSED OPERATION OR PROCEDURE Pelvic examination

Medical 14

BROADLAWNS POLK COUNTY HOSPITAL

MEDICAL RELEASE

I hereby authorize Broadlawns Polk County Hospital to release the necessary Medical information on ____________________

To: ☐ POLK COUNTY SHERIFF'S OFFICE ☐ ____________ POLICE DEPARTMENT

☐ POLK COUNTY GRAND JURY: POLK COUNTY ATTY'S OFFICE for care rendered

on ____________________ .

Date ______________ Signed ______________

DOB:
Spouse or parents' names:
Illness & Dates:

By ______________
If other than the patient, please state relationship.

Sample form - medical release

Addressograph Plate Imprint Above This Line

Date ______________ Floor ______________

The following specimens numbered and labeled in the attached container were obtained from the above patient.

1. One swab in a test tube for acid phosphtase (add 1. ml. saline please)
2. One swab in a test tube for routine culture.
3. Two slides in a brown envelope for smears for examination for sperm cells.
4. Thayer-Martin culture plate for gonococcus culture inoculated.

Included in this box is an extra empty test tube if it is needed; and a brown envelope for hair, stains, etc., which the physician may want.

Label each specimen with complete name and hospital number.

Stapel this card to the container before it leaves the E.D.

All persons handling the specimens must sign in order:

Doctor: ______________ Time Date ______________ am:pm
Nurse: ______________ Time Date ______________ am:pm
Tech: ______________ Time Date ______________ am:pm
Chemistry: ______________ Time Date ______________ am:pm
Microbiology: ______________ Time Date ______________ am:pm
Other ______________ Time Date ______________ am:pm

Sample form - protection of chain of custody of evidence

Medical 15

COUNSELING VICTIMS OF RAPE

by Corinne Whitlach, Carole Meade, and Irene Talbot

Portions of this section are adaptations
from L.E.A.A. Prescriptive Package -
Rape and Its Victims and
the Minnesota N.O.W. State Task Force
on Rape handbook, *On Rape*

TABLE OF CONTENTS

Introduction Counseling 1

Who Counsels Rape Victims 1

Role of the Counselor 2
  Listening 2
  Assisting in Decision Making 3
  Institutional Advocate 3
  Family Contacts 3

Assessing Adjustment and Referral 4

Feelings Frequently Felt by Rape Victims 5
  Fear 5
  Guilt 5
  Vulnerability 6
  Loss of Control 6
  Embarrassment 6
  Anxiety 7
  Concern for Rapist 7
  Wondering, Why Me? 7
  Shame 7
  Stupidity 8
  Anger 8
  Summary 8

Counseling the Retarded Victim 8

Counseling at Time of Trial 9

Counseling the Child Victim by Dr. Patrick Sullivan 10

"A Note to Those Closest to Rape Victims" 11

"Tips for Telephone Counselors" 13

COUNSELING VICTIMS OF RAPE

INTRODUCTION

Although this section is written for people who counsel rape victims, all persons who work with rape victims will find that the quality of their contact will improve as they better understand the victim's emotional reaction. Rape is a specific act of violence perpetuated against a female, incorporating elements of forced sexual behavior, surprise, and invasion of innermost physical and physic privacy. It is a highly personalized crime. Legal components of the definition of rape - requiring proof of force, penetration, assailant identity - place tremendous subsequent pressure on the victim, for she may not be believed when she reports the rape. Hopefully, she can integrate the rape experience into the whole of her life, neither repressing her experience nor being dominated by it. The tool kit of the person counseling a rape victim should include:

1. Compassion, which requires some acquaintance with the myths about rape and the usual responses these beliefs cause in victims and the friends and relatives of victims.
2. Knowledge of the procedural matters involved regarding the medical, law enforcement, and judicial systems (the other sections of this manual address these).
3. General counseling skills, such as taking cues from the victim about what is important and of concern to her.

WHO COUNSELS RAPE VICTIMS

This will vary with the community. Possibilities are "Crisis Line" volunteers, hospitals, social service workers or nurses, public health or school nurses, professional counselors, public or private mental health facilities or family planning clinics, or rape crisis center personnel. The role of the counselor will vary accordingly.

The Polk County Rape Care Center may be considered as a model of comprehensive victim services.

1. A counselor, with crisis intervention skills, is available for immediate contact by victims, police, and hospitals.
2. She either accompanies or meets the victim at the hospital, prepares her for and stays with her during the exam.

3. She accompanies her in subsequent law enforcement contacts and court procedures. At each institution the counselor knows the procedures and the staff. She provides counseling, support and information to the victim and her family throughout the process. Counseling assistance is also provided to victims who do not report the attack. Referral is made for medical follow-up and when long-term counseling is necessary.

Of primary significance, is that rape counseling services exist and that a community's law enforcement and medical personnel that work with sex crimes victims know who, how, and when to contact a counselor and know what they can expect from that counselor. The responsibility for developing and coordinating this cooperation will most likely be part of the role of the counselor (agency).

Obviously, some counselors will not be in contact with the victim until at least a few days after the incident when the reporting decisions have been made and the medical exam is over. When the counseling contact does not take place during the crisis period or extend to legal procedures, provision for victim support is recommended. As an example, an interested and empathic secretary to the County Attorney could give personal attention to the victim as a whole person and her feelings before, during, and after the trial. As an example, a hospital social worker or a woman police officer could be "on call" to deal with a crisis situation.

ROLE OF THE COUNSELOR

It is important to be aware of and communicate what you can and cannot provide for the victim. This will avoid raising unrealistic expectations in her and helps the counselor avoid frustration and feelings of failure when the victim's preexisting life problems persist. Such problems may be brought into focus more sharply during such a time of trauma, and conflicts between the victim and other people important to her may surface.

1. Listening - listen in a way that supports and validates the woman's feelings, encouraging her to express whatever feelings she has in whatever way she wants to. Her reaction to the rape will be based on her perception of the event in its social context plus her life experience in coping with other stressful events, as well as attitudes (towards men, sexuality, violence, self-esteem, etc.). Do not attempt to redefine the situation as being more or less critical than she sees it. The victim is the only one who can determine how critical the situation is, since the determination must be based on her values. As opposed to others with whom the victim may be dealing with at the time (police, physician,

family), the counselor has no authority over her; she can talk without feeling she must talk. The counselor is nonjudgmental; she can talk about her feelings without fear of disapproval.

* Please read "Crisis Intervention and Investigation of Rape" in the law enforcement section in the manual and "Hints on Telephone Counseling".

2. Assisting in Decision Making - the counselor can help the woman clarify her concerns, provide her with the information she needs in trying to come to a decision, and focus her action to decisions that need to be taken in priority order. Decisions may need to be made about: medical treatment, reporting to the police, safety precautions, emergency clothing, transportation, child care and housing arrangements, and informing relatives or employers. The counselor's awareness of services and alternatives can be extremely important.

   Remember, a prompt medical exam is necessary, in most cases, to even allow consideration of prosecution. She should not bathe or douche and should be examined less than 12 hours (preferably less than 4 hours) after the rape.

* Please read the medical, law enforcement, and prosecution sections of this manual to familiarize yourself with these procedures.

3. Institutional Advocate - this will be the first acquaintance with the law enforcement and criminal justice system for many victims, and the nature and timing of the medical examination is of particular stress. What is viewed by the working professionals as regular and simple procedures, such as signing a "consent to examine" form or keeping of her panties for evidence, may provoke feelings of overwhelming helplessness and anxiety in her. Often, hospital and police personnel are too busy or are not well enough informed to give information in a reassuring slow manner. A clarification of what is happening and why it is necessary will help her regain a sense of control over what happens to her and her body.

4. Family Contacts - the counselor can help her assess and/or find support from other people in her life. The victim will often have a good intuitive idea who to tell or not and how they will react. Offer to help her tell family/friends if she wants you to. Sometimes a third party can be a buffer. Family/friends may need an initial period of ventilation. This crisis has disrupted their lives also and brought forth feelings of worry, fear, and a recognition of their inability to protect her from harm. Sometimes the narcissistic hurt and anger of her family may supercede their concern for the victim. The crisis

may bring underlying problems in relationships to the surface. The victim may need the counselor's ear for listening-ventilation and assistance in coping with these reactions. The counselor might consider, with the victim's permission, counseling for family members, also, especially if:

a. She is "placed under house arrest" - overprotected and not allowed to resume her daily activities.

b. If she and her partner are unable to resume, after what they consider to be a reasonable time, their normal sexual activity and level of trust in each other.

c. If there are feelings that she is "ruined for life" or has disgraced the family.

* Please read "A Note to Those Closest to Rape Victims".

ASSESSING ADJUSTMENT AND REFERRAL

Not all rape victims need or want counseling, and the vast majority do not need professional psychiatric counseling. Empathy, emotional support, and information are the requirements. Although sexual assault is viewed as situational crisis, it's impact will vary with the developmental stage of the victim, particularly in areas of task orientation, sexual development, interpersonal relationships, and support systems. Examples of sensitive developmental stages are: - a rural highschool graduate adjusting to a recent move to the city and employment - a young teen who is developing an awareness of her sexuality and an interest in boys - a recently divorced woman.

As the victim of any age attempts to adjust her social psychological life to its pre-rape level, the support she receives from significant others and her general social network are of prime importance. Her interpretation of herself and the rape is influenced by her perception of the institutional professionals with which she came in contact.

The goal of counseling is to restore the woman's pre-rape emotional equilibrium and level of activity. Reinvolvement in normal tasks (back to school or work, going out socially) is a sign of adaptation. Rape can act as a catalyst, as can other life crises, in provoking the woman to reassess her lifestyle and experiences in interpersonal relationships. This introspection can be a maturing experience. However, an inability to resume normal tasks, failure to cope with the reactions of her social network, or lack of resolution of introspection may necessitate referral for long term counseling or psychotherapy.

FEELINGS FREQUENTLY FELT BY RAPE VICTIMS

Victims behavioral reaction - rape patients/victims are observed to display two major emotional styles regarding stress: expressed and controlled. In the former, feelings of fear, anxiety, or anger are expressed verbally or shown through such behavior as crying, shaking, smiling, restlessness, and tenseness. In the latter, feelings are masked or hidden and a calm, composed, and subdued effect is seen. Whichever emotional style is displayed, it is the normal style of the patient, and under stress, that style is exaggerated. A controlled front may be indicative of exhaustion, a state of shock, or an attempt to deny or repress the violent attack.

FEAR OF THE RAPIST

However he did it, the rapist overcame the victim's resistance and forced her to submit to his sexual demands. Either because of direct threats of the rapist or because media rape stories give that impression, it is likely that she felt that she would either be brutally injured or had only a few moments to live. Normal fear response may be quite generalized or specific to the rapist. The victim's fear may be particularly strong if the rapist threatened to harm her again, as often happens if he suspects she will report to the police. Fear of attack under these circumstances is a normal human fear. She is not crazy or paranoid to fear the attacker. She needs positive assurance from those around her that life is worth living and she needs to explore alternate ways of coping with her fear of attack. Help her express and specify her fear. Encourage her to list all the things she can do to protect herself including some things that are unacceptable to her such as staying home all the time behind heavily locked doors. This is an opportunity to point out that there is a range of choice, each with its price. Awareness of choice gives a sense of control, which reduces the fear. She should develop calm, step-by-step instructions on what to do if the attacker should show up. Talk about the attacker. If she knew him, does she think he'll come back. If so, encourage her to plan accordingly. The more she calmly talks about the rapist, the clearer she will be about her plan of action if he should return. Whatever she decides, her plan should be clear in her mind and simple to put into operation even when she is emotionally upset.

Guilt - the rape victim's feelings of guilt are difficult for her to deal with and will likely have an effect on her decision to contact the police. Many women have internalized the prevalent mythology which emphasizes the idea that women are to blame for having been raped. No matter how strongly you feel that it was not the woman's fault, it is important to let her talk and try to help her define in precise terms what she might have done "wrong" - and what she might have done differently. Regardless of the fact that she may have acted carelessly, (i.e. hitchhiking) or without good judgment (leaving her front door unlocked at night), she should, in time, be able to view the rape as a crime committed against her, for which the rapist is to blame. Part of this discussion may center on varying lifestyles and the trade-offs that are made for living in a certain way. A woman who wants to be independent and mobile takes a certain amount of risk of being assaulted. It is not her fault for being assaulted, but she has become a more visible person and, thus, more subject to rape.

Feelings of guilt seem to vary in degree with the extent of physical injury and the type of association with the assailant. Women who have experienced severe physical injury during the rape do not have to face the issue of their involvement in the rape, because there is obvious evidence of their resistance. These victims can resolve their anger more quickly and feel justifiable sorry for themselves. Victims of a "blitz" rape also have diminished feelings of guilt. But, the woman who was raped in her own home or the woman who knows her assailant, has the most difficulty in resolving her guilt and conflicts over the rape. She may chide herself for poor judgment or seductive behavior or display other self-hating characteristics.

Sense of Vulnerability - the rape victim frequently finds that she fears people generally. She may be particularly attuded to sexual innuendos or stray looks which she realizes, due to her heightened awareness, are all around her, but which she used to take in stride. She should try to be with friends and build up her self-confidence again. This process is particularly difficult for the victim when the attacher was someone she trusted. In this case, not only her faith in others but her faith and trust in her own judgment has been undermined by the rape. She will need time and support to regain a realistic trust in herself in relation to others.

Loss of Control Over Her Own Life - the rapist has forced her to submit to something she did not want to do. Possibly, she harbored some ideas before the rape that rape couldn't happen to her, that she would be able to resist or that she could take care of herself. Since the rapist overcame her resistance by force or fear, she no longer feels sure of anything about herself and her self-determination. Sometimes even little decisions like whether to have a cigarette or whether to eat become momentous things. The victim practically has to repossess herself after the rapist took possession by force. She has to reassert the value of doing things for herself, she has to insist to herself that she is worthwhile and that she still has willpower and control over herself.

If the victim has followed a life style of trusting people, leaving doors open, talking to strangers, making friends in odd places, hitchhiking across country, and so on, she may feel that in addition to body, the rapist has stolen her whole way of life.

Embarrassment - she may be embarrassed to discuss the physical details of the assault. Our bodies and sexual activity have always been regarded as private and her privacy has been stripped from her by another. Telling anyone at all may be painful.

It is likely that the rapist verbally abused her with offensive sexual language, and she is embarrassed to say these words. She may also not know acceptable terminology to describe what happened sexually.

The medical exam is especially embarrassing. Her body is again exposed and is an object of attention and inspection by strangers. She is likely to feel that her body, her appearance, and her whole being is offensive and disgusting. She may even feel sorry for the doctor who "has to look at it". She may even be too embarrassed to admit her embarrassment. Help her recognize that you and any person would be embarrassed under such circumstances. What she is feeling is normal.

Anxiety, Shaking, Nightmares - Victims often react after physical attack with shaking and anxiety. The relief of having made it, the shuddering at the thought of how close to death she was are expressed in this way. The victim remembers the incident. The trauma goes so deep that she may have nightmares. She thinks what she could have done and she thinks what he could have done. Continued support from all around her and reassurance that she is physically safe and can do things to protect herself will help these symptoms of trauma dissipate. The nightmares will continue, perhaps, but will not be as vivid.

Concern for the Rapist - many victims express a concern about what will happen to the rapist if he is reported to the police. Some victims want psychiatric help for the rapist rather than jail. She may have very negative attitudes towards the criminal justice system and jail and may feel guilt in reporting the crime. Perhaps these attitudes are the result of the victim's effort to understand what happened and what her contributions were to the assault. If no physical beating or other violence occurred, some victims even say that it is not worth sending a man to jail. It is human to show concern for another human, especially one in trouble. But she must not let this feeling obscure the fact that he did attack her. In feeling sorry for him, she should not repress her anger for the indignities she has suffered just as most robbery victims wouldn't think of forgiving and forgetting someone who robbed them.

Wondering - Why Me? - some women wonder why the rapist chose them. What is it about them that separates them from other women? These feelings arise from the common mistaken belief that rape happens to women who "ask for it", or who in some other way made themselves noticeable. It may help her to know that this is a common normal feeling of rape victims and that anyone can be raped. To help the victim see this, try to get her to tell you how she came in contact with the rapist and what contact she had with the rapist before the rape occurred. He probably manuevered the situation to lead to the rape. In short, she should be reminded that the rapist made the decision to assault her.

Shame - the destruction of self-respect, the deliberate efforts by the attacker to make her do things she knows she and society detest, to make her feel dirty and disgusting, may make her ashamed. That she submitted at all, even if at knife point, may make her feel ashamed. Society's attitudes toward sex and different sexual acts are all reflected in her shame. The victim who feels she has been violated needs to see the rape as an attack, not her choice. She need not feel shame where no choice was involved.

Stupidity - the extent of her mistake that led to the point of rape determines how really stupid she feels. If she was hitchhiking, for instance, she may blame herself for the rape because she knew it would be risky. It is good to admit an error and to try to be more cautious in the future, but admission of error must not hide the fact that she was attacked. She was not the attacker. No person asks or deserves to be raped no matter how thoughtless or careless they were. Remind her that we all go about our daily lives in a spirit of trust and that we all, after any accident or tragedy, can think of countless things we should or should not have done.

Anger - this is the most appropriate attitude, and it is a healthy response. When someone burglarizes our homes or runs into our cars, we are angry. The victim has been attacked and humiliated, so she should be angry. She can vent this anger in several ways, such as pressing charges, or telling other women about the attacker or the situation he created leading up to the attack. She may tend to generalize and extend the anger to all men.

In Summary - the victim needs calm, reassuring, unwavering support. She needs to know that she is not crazy. She needs help to restore her dignity and self-respect. She need not feel ashamed or guilty. She needs to see the total rape experience for what it was, an attack on her whole being. The rape cannot be allowed to become a dominant factor in her life. Such an assault is a terrifying experience that she must incorporate into her life, and then continue living as a stronger woman. It would be damaging to repress the experience or to negate her own part in it, however small.

COUNSELING THE RETARDED VICTIM

Retarded persons are easily exploited because of a deficiency of social skills as much as a low I.Q. They often fail to appreciate the consequences of their actions.

When talking with them, simple, direct questioning is best. Visual aids are useful. A retarded person, like a child, may not understand why everyone is so "excited" about the incident. They may feel guilty and may be afraid they will also be punished. Oftentimes, they did not express their "lack of consent" verbally to the offender. The counselor should talk about the incident in terms of "what were you thinking about when he asked you to take your clothes off" - "when he pushed you down". They may have been thinking "no" but were unable to verbalize it.

My experience with borderline retarded women has been that they enjoy the extra attention they receive. Stress to them the importance of telling the truth, especially when they are oververbalizing.

You can help the parents of a retarded person to find a happy medium. Set rules that will allow the retarded person to be independent and self-sufficient, while helping them to avoid the sexually loaded situations they tend to become involved in because of their poor social judgment.

Sex education is a preventative measure if given at the correct level of development. Too much information can be as damaging as none at all. The counselor can determine how much the retarded person knows about sex by direct questioning.

COUNSELING AT TIME OF TRIAL

As the trial approaches, many of the victim's initial feelings will resurface and may even intensify. She faces seeing and accusing her attacker and telling about what happened before a jury and open court. The defense will be either that she has incorrectly identified the rapist, that sexual intercourse did not take place, or that she consented to the intercourse. Any line of defense will make her feel that she is not believed. The questioning will be embarrassing in its detail, and frustrating and irritating as the attorney will attempt to confuse her and cast doubt on her credibility and character.

She will be helped by recognizing that it will all be over soon. She will no longer have to keep details fresh in her memory and can allow herself to forget. The prosecuting attorney should become acquainted with the victim prior to trial and should explain courtroom procedures to her and discuss with her the likely defense. If she can intellectually understand the requirements for prosecution of the criminal case (i.e. what the strong and weak areas of proof will be and what her role as "chief witness" is), she can view the trial procedings more objectively. The sexual assault counselor is invaluable at time of trial. The victim needs to recognize and express her feelings and not suppress them in her attempt to view the trial objectively. Also, the prosecuting attorney will probably not have the time to keep her as informed as she would like and to reinforce her objective understanding of what is happening. Many victims gain strength as they perceive the community repsonsibility aspect of prosecution. "He might kill the next girl."

She should be prepared for the possibility of acquittal and encouraged to recognize that successful prosecution of rape is very difficult, and acquittal does not necessarily mean that she was not believed. "Proof beyond a reasonable doubt" is a necessity for conviction. Technical and legal problems are also often factors in acquittal.

She should not be present in the courtroom except when testifying. Hearing the other testimony will intensify her negative feelings, and the jurors may be distracted by her presence or influenced by her reaction/nonreaction.

COUNSELING THE CHILD VICTIM

by Dr. Patrick F. Sullivan, P.H.D.

In dealing with the child unfortunate enough to have been a victim of sexual assault, the counselor is faced with several difficult areas which will affect her decisions in counseling the victim. These areas include the child's age, the estent of physical pain and injury, the manner in which the act was perpetrated (eg., force, threats, cajoling, etc.), relationship to the offender, the parental and familial response to the assault.

The parental response in many cases may equal or surpass the child's and the counselor would do well to assess this as quickly as possible since the long term impact is potentially more troublesome for the child victim - especially for the younger child. Parents are likely to feel combinations of grief, anger, and guilt. These feelings may focus on the child, the attacker, or themselves. Assisting them in ventilating and understanding their feelings should be combined with point out how these can be helpful or detrimental to the child. At the same time, the counselor should be attempting to make some assessment of the parent's sexual attitudes so that these can be considered in later counseling with the child.

With regard to the child, the age and maturity level are paramount - obviously a fourteen year old will have a better understanding of the attack than a four year old. A first step in counseling the sexually assaulted child is the assessment of the child's perception of the event and emotional reaction to it. Was it enjoyable, neutral, or painful? Does the child understand what happened? Does he/she feel guilt, fear or anxiety regarding it? Chances are good that a child who fails to understand the significance of the attack will manage a good subsequent adjustment so that both counselor and parents need to be cautious about conveying their own anxiety.

If the child understands the event, it is wise to explore the problem areas and assist the child in dealing with them. A tactful discussion of sexual relations as a pleasurable activity appropriate to adults is probably of major importance in order to both assist the child in separating sexuality from violence and in later sexual adjustment.

A NOTE TO THOSE CLOSEST TO RAPE VICTIMS:

FAMILIES, SPOUSES & FRIENDS

Adapted from the Rape Crisis Center,
March-April, 1974 Newsletter, Washington, D.C.

How does rape affect a woman? How does rape affect those closest to a rape victim? How can those closest to a rape victim do "the right thing"? The answer to all these questions is that we don't know but we have some ideas which we wish to share with you, and hopefully they will offer a beginning for giving effective support to victims of rape. For more than anyone else, it is those closest to a victim who influence how she will deal with the attack.

What is rape? Rape is legally defined as forcible vaginal penetration which a woman does not consent to. Most women who have been raped do not react to the sexual aspects of the crime as much as they react to the terror and fear that is involved. Often an immediate reaction of the woman is, "I could have been killed." Many of those around her, particularly men, may find themselves concerned with the sexual aspects of the crime. The more this preoccupation is communicated to the woman, the more likely she is to have difficulties in dealing with her own feelings. Probably the best way to understand her feelings is to try to remember or imagine a situation where you felt powerless and afraid. You may remember feeling very alone, fearful, and needing comfort. Perhaps the best way to get over these feelings is to have a warm physical environment.

Often the raped woman needs much love and support the first few days. Affection seems to be important. Such things as stroking or caressing can be really appreciated; they help break down the loneliness and alienation. This, of course, leads to the question of sex. It is impossible to generalize about how the woman will feel about sex, nor should you guess. If you have been involved sexually with the woman, try to discuss at an appropriate time how she feels in general about the attack, about you, and about sex. (An appropriate time is not right after the rape! Let her comments to the first two questions guide you in deciding whether you have chosen a good time to discuss it, or whether you would be pushing the point too soon.) Some women will be anxious to resume normal sexual relations as a way of forgetting the rape; others will be more hesitant. However, a tendency to put off indefinitely resumption of sexual relations is not typical, and appropriate help should be sought if this happens.

In the case of virgin rapes, female support seems most important. It is a good time to discuss the pleasures involved in sex -- as well as to reassert the woman's right to decide when and with whom she wished to have sex. Hopefully, a woman's mother will feel comfortable about this; if not, a friend or sister -- expecially if she has been raped, might help.

It seems advisable for the woman to talk about the rape; however, it is not possible to generalize about how much she should be encouraged to talk about it. Women do not seem to appreciate specific questions and may interpret them as callous and unkind. To probe in these areas may only worsen any problems the woman may have in dealing with the rape.

Instead, questions about how she feels now, and what bothers her the most are more useful. They are not threatening and should allow her to talk about her most immediate concerns. Remember, too, the woman wants to talk about other things. Often the rape may leave a woman concentrating on other problems or 'failings' she may feel, and it is more important that she talk about these. Probably, the most practical suggestion is that you communicate your own willingness to let her talk about the rape. Because of your closeness to her, the woman may be more sensitive to your feelings. If the rape distresses you, it may be impossible to talk to you. She may also try to protect you. In these and other cases, she really will not be able to talk with you - encourage her to speak with someone she trusts. Remember, the rape has brought up feelings of powerlessness - encouraging her to talk to whom she wants, when she wants to, is more helpful than feeling that it is necessary to talk to you.

If rape is treated as a serious crime and not a heinous experience, women would probably have less difficulties in dealing with it. The woman survived the attack, and one would suppose that she would want to resume living a 'normal' life as quickly as possible. In a healthy, supportive environment, most women will find the rape meshes with other unhappy experiences in their lives. Because of other's reactions, or her own life situations at the time of the rape, other women will find the rape was indeed a traumatic milestone. If, after a reasonable amount of time, a woman seems unable to cope with the day-to-day problems of life, professional help may be sought.

Whether or not professional counseling is sought, remember, it is not replacement for warm, concerned, loving communications. A professional counselor may help, but he or she cannot replace your role in the relationship. Rape not only affects the woman, but you, as it plays upon your own fears and fantasies. Try to recognize the fears for what they are, otherwise you may end up projecting them on the woman and cause some serious problems for her and your relationship.

Finally, it should be noted that if the woman has pressed charges, the whole process involves numerous hassles and stresses. Your awareness of the legal processes and problems involved and your support will usually be helpful.

TIPS FOR COUNSELORS

Prepared by Mary Ann Largen,
Nat'l. Coordinator of the
Rape Task Force of the
National Organization for Women

1. Just listening and indicating that you understand is very important to the victim. By trying to share her feelings of the moment, she is, in essence helping herself.
2. During the impact period, the victim is hypersensitive to any action or statement which you might make and often fears "pressure" from you even when she is asking for advice.
3. Even if the woman states that she is a relative or friend of the victim, keep in mind that it might be the victim herself. Some women cannot bring themselves to admit to the fact immediately.
4. For the victim who has difficulty in communicating, the counselor can usually begin by asking her how she feels.
5. Assure the victim that she has not been singled out for an attack, but that what has happened to her has happened to thousands of other women.
6. Do not phrase questions in a manner which will inhibit the victim, such as, "Are you using a form of birth control?" Say instead, "Do you have any physical concerns right now?"
7. It helps the victim to be told that this experience will cause a disruption to her life for awhile.
8. If she feels guilt because she failed to fight, tell her that fear inhibits most people or that survival is the most important thing -- depending upon the individual situation.
9. If she is alone, offer to call someone for her. If she does not want anyone called, assure her that you will be available if she needs to call again.

APPENDIX

TABLE OF CONTENTS

BOOKS AND FILMS	Appendix 1
SAMPLE FORM - 3RD PARTY REPORT	4
IOWA CRIMINAL CODE PROPOSAL	5

BOOKS AND FILMS

"Reality of Rape"
Motorola Teleprograms, Inc.
4825 North Scott Street
Schiller Park, Ill. 60176
66mm, color, 10 min. $176.00

This segment of the longer police training film, "Someone Else's Crisis", shows a realistic and typical rape and demonstrates effective police interviewing techniques. The objective of this film is to develop the behavior and skills needed for sensitive crisis management. It is equally relevant for use with medical and counseling personnel
* professional education.

"Nobody's Victim"
Filmfair Communications
10900 Ventura Boulevard
Studio City, Calif. 91604
16mm, color, 20 min. $230.00

A good nuts & bolts self-defense, self-protection film for women. It shows specifically and practically how to prevent and/or deal with aggressive strangers, purse snatchers, prowlers.
* general community education

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Against Our Will: Men, Women & Rape
Susan Brownmiller
Simon & Schuster
$10.95 1975 476p.

Best-seller - Book of the Month Club Selection. This articulate researcher-writer explains and analyzes, from a political feminist viewpoint, most existing information, plus original and first time research in many areas such as tracing the legal wartime and social history of rape. Horrifying accounts of brutality.
* mature adults, college & public libr.

"Rape, A Preventative Inquiry"
Motorola Teleprograms, Inc.
4825 North Scott St, Suite 26
Schiller Park, Ill. 60175
66mm, color, 17 min., $265.00

Rape victims, convicted rapists, and Sex Crimes officers talk about four "young woman" rape situations and rape prevention. Insightful discussion lead-in for mixed audiences.
* classroom and general community education

"Rape, The Savage Crime"
Audio Visual Narrative Arts, Inc.
Box 398
Pleasantville, N.Y. 10570
2-part filmstrip w/teachers guide
37.50 w/records, 41.50 w/tapes

This interesting and accurate documentary is the most comprehensive treatment of the topic we've seen - discusses legal aspects, prevention, myths, and victims and rapists from an historical and sociological perspective.
* high school & college classes

****

Sexual Assault: The Victim & the Rapist
Marcia Walker & Stanley Brodskey
Lexington, Ma: Lexington Books
$15.00 1976

Presentation by researchers, law enforcement people and activists given at the Nat'l. Conference Rape: Research, Action, Prevention. New chapters on rape in work settings, research on clinical treatment of rapists and community attitudes.
* professional and academic libraries

Appendix 1

The Charge is Rape
Gerald Astor
New York: Playboy Press
$1.75 1974 215p.

Popular paperback. This author writes quite well and he knows the unique problems of police and lawyers on rape cases. Traces a case investigation. Asst. Polk Co. Atty. Fultz says, "This book is fantastic!"

* teen & adult men & women, especially police officers & lawyers, high school & public libraries

The Politics of Rape: The Victim's Perspective
Diana E. H. Russell
New York: Stein & Day
$10.00 1975

Case studies of 26 rape victims form the basis for discussion of the nature of the crime, its impact on victims and the sociologocal conditions that foster the crime and its aftermath. Interesting and insightful. Feminist author.

* adult women & students, college & public libraries

Prescriptive Package: Rape & its Victims
Nat'l. Institute for Law Enforcement and Criminal Justice, L.E.A.A., U.S. Dept. of Justice
Wash, D.C.: U.S. Gov't. Printing Office
$4.10 1976 35[illegible]p.

This manual looks at promising developments in treatment nationwide and presents guidelines for police, prosecutors, hospitals & citizen action groups. A comprehensive appendix contains useful forms, articles, etc. A working tool for the practical coordination of a community's agencies.

* police, hospitals & prosecutors (especially administrators), citizen action groups.

Patterns in Forcible Rape
Menachim Amir
Chicago, Ill.: Univ. of Chicago Press
1971 390p.

Sociological study of the characteristics of forcible rapes from police reports in Philadelphia in 1958 & 1960. Extensive data on the circumstances of the crimes, 600 victims and 1200 offenders.

* academic libraries

Rape: Victims of Crisis
Ann Burgess, D.N.S.C. and Lynda Holmstron, Ph.D.
Bowie, Md.: Robt. J. Brady Co.
Cloth - $9.95 Paper - $6.95 1974 308p.

Drawn from pracical experience at Boston City Hospital, this book is a must for professionals working with sex crime victims. It contains readable, practical and specific sections such as "Preparing the Victim to go to Court" and "Reactions to Child Rape".

* students & professionals in mental health, medicine, counseling, prosecution & law enforcement

Rape
Carol Horos
New Canaan, Conn.: Toby Publishing Co.
$2.95 1974 130p.

Good for school research papers - it contains easy to read historical information, theories about rapists, myths, and rape center information as well as what to expect if you are raped. Extensive rape prevention, self-defense section.

* teen & adult women, junior & senior high school & public libraries

Against Rape
Andra Medea & Kathleen Thompson
New York: Farrar, Straus and Giroux
$2.25 1974 152p.

Good, readable, popular discussion of the many aspects of the crime and its effect on the victim. Subtitled, "A Survival Manual for Women", it includes a self-defense chapter.

* teen & adult women, high school & public libraries

Rape Victimology
Editor: Leroy G. Schultz
Springfield, Ill.: Charles C. Thomas
$28.00 1975 425p.

An anthology explaining the perspective of professionals in psychology, sociology, medicine and law. Includes a section on child rape victims.

* professional & academic libraries

Appendix 3

Anonymous Sexual Assault Report
Polk County Rape Sexual Assault Care Center
Case Number___________
office 283-5666 - 24 hour 262-4357
date of report_________ completed by _________
information from victim___ other___________
phone contact only_______ visit___________
* placed before number where additional narrative is provided

Victim Information

1. age_____ 2. race______ 3. sex________
4. occupation, if relevant_______________
5. marital status_______________
6. why doesn't victim wish to report to police?
____
____
____

==

Offense Information

7. date of offense_______________
8. time___________ 9. day of week__________
Initial Contact 10. general location__________
____
own home___________ on street__________
hitchhiking___________ park__________
park lot/garage__________ tavern__________
other______________________________
11. was victim assaulted at the initial point of contact?__________
12. if no, general location of assault__________
____
13. jurisdiction_______________
14. assailant used own car_______________
victim's car__________ other__________
Force used -
15. verbal threats_______________
16. physical force_______________
17. threatened to use weapon__________
if yes, what weapon__________
18. victim saw weapon__________
19. description of weapon__________
____

Victim forced to -
20. vaginal intercourse__________
21. oral sex_______________
22. anal intercourse__________
23. masturbate assailant__________
24. other_______________
25. victim injured__________
26. describe_______________
____

Assailant was -
27. stranger________ 28. acquaintance________
29. relative________ 30. neighbor________
31. date________ 32. other________
33. assailant alone?__________
34. others present?________ 35. How many______
36. others participate__________
37. observe_______________

==

For Police Use:

Sample form - 3rd party anonymous sexual assault report.

Suspect Information (use another form if more than one suspect)

38. age______ 39. race______ 40. sex________
41. height__________ 42. weight__________
43. complexion_______________
44. hair color__________ 45. length______
46. facial hair_______________
47. other distinquishing features (speech, sca tattoos, teeth)__________
____
____
____
48. clothing, jewelry_______________
____
____
49. unusual actions or statements__________
____
____
50. suspect's name, if known__________
____
51. other information about suspect__________
____
____
____
Suspect's vehicle -
52. color_____ 53. make_____ 54. model________
55. year______ 56. license__________
57. unusual characteristics of vehicle________
____
____

==

* Additional Narrative:

Appendix 4

IOWA CRIMINAL CODE DIVISION -
(as passed by the House, May 1976)

DIVISION IX

SEXUAL ABUSE

Section 901. NEW SECTION. SEXUAL ABUSE. Any sex act between persons is sexual abuse by either of the participants when the act is performed with the other participant in any of the following circumstances:

1. When force or coercion is used to accomplish the sex act. Force or coercion includes but is not limited to any of the following circumstances:

a. When the defendant overcomes the victim through the actual application of physical force or physical violence.

b. When the defendant coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the defendant has the present ability to execute these threats.

c. When the defendant coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the defendant has the ability to execute this threat. As used in this subdivision, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.

d. When the defendant engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.

e. When the defendant through concealment or by element of surprise, is able to overcome the victim.

2. The defendant knows or has reason to know that the victim is mentally defective, mentally incapacitated, or physically helpless.

3. Such other participant is a child.

Sec. 902. NEW SECTION. SEXUAL ABUSE IN THE FIRST DEGREE. A person commits sexual abuse in the first degree when in the course of committing sexual abuse the other participant is seriously injured or the other participant is

Appendix 5

under the age of twelve. Sexual abuse in the first degree is a class A felony.

Sec. 903. NEW SECTION. SEXUAL ABUSE IN THE SECOND DEGREE. A person commits sexual abuse in the second degree when the person commits sexual abuse under any of the following circumstances:

1. During the commission of sexual abuse the person displays in a threatening manner a deadly weapon, or uses or threatens to use force creating a substantial risk of death or serious injury to any person.

2. The person is aided or abetted by one or more persons and the sex act is committed by force.

Sexual abuse in the second degree is a class B felony.

Sec. 904. NEW SECTION. SEXUAL ABUSE IN THE THIRD DEGREE. A person commits sexual abuse in the third degree when he commits a sexual abuse upon another in any of the following circumstances:

1. When force or coercion is used to accomplish the sex act. Force or coercion includes but is not limited to any of the following circumstances:

a. When the defendant overcomes the victim through the actual application of physical force or physical violence.

b. When the defendant coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the defendant has the present ability to execute these threats.

c. When the defendant coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the defendant has the ability to execute this threat. As used in this subdivision, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.

d. When the defendant engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.

e. When the defendant, through concealment or by the element of surprise, is able to overcome the victim.

Appendix 6

2. The defendant knows or has reason to know that the victim is mentally defective, mentally incapacitated, or physically helpless.

3. The other person is 12 years of age, but less than 16 years of age and the defendant is a member of the same household as the victim, the defendant is related to the victim by blood or affinity to the fourth degree, or the defendant is in a position of authority over the victim and used this authority to coerce the victim to submit.

Sexual abuse in the third degree is a class C felony.

Sec. 905. NEW SECTION. SEXUAL ABUSE IN THE FOURTH DEGREE. A person commits sexual abuse in the fourth degree when the person commits sexual abuse with a child.

Sexual abuse in the fourth degree is a class C felony.

Sec. 906. NEW SECTION. JURY INSTRUCTIONS FOR OFFENSES OF SEXUAL ABUSE. No instruction shall be given in a trial for sexual abuse cautioning the jury to use a different standard relating to a victim's testimony than that of any other witness to that offense or any other offense.

Sec. 908. NEW SECTION. LASCIVIOUS ACTS WITH A CHILD. It is unlawful for any person eighteen years of age or older to perform any of the following acts with a child, with or without his or her consent unless married to each other, for the purpose of arousing or satisfying the sexual desires of either of them:

1. Fondle or touch the pubes or genitales of a child.

2. Permit a child to fondle or touch his or her genitals or pubes.

3. Solicit a child to engage in a sex act.

4. Inflict pain or discomfort upon a child or permit a child to inflict pain or discomfort on him or her.

Any person who violates a provision of this section shall, upon conviction, be guilty of a class D felony.

Appendix 7

Sec. 909. NEW SECTION. INDECENT EXPOSURE. A person who exposes his genital or pubes to another not his spouse, or who commits a sex act in the presence of or view of a third person, commits a serious misdemeanor, if:

1. He does so to arouse or satisfy the sexual desires of such person or another; and

2. He knows or reasonably should know that his act is offensive to the viewer.

Sec. 910. NEW SECTION. COST OF MEDICAL EXAMINATION IN CRIMES OF SEXUAL ASSAULT. The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for the purpose of preventing venereal disease shall be borne by the state.

Appendix B

EXEMPLARY PROJECTS REVIEW BOARD

Members of the Exemplary Projects Review Board in June 1976, when the Polk County Rape/Sexual Assault Care Center was selected were the following:

State Planning Agency Directors

Henry Dogin, Administrator
Office of Planning and Program Assistance
Division of Criminal Justice Services
New York, New York

Paul Quinn, Director
Division of Criminal Justice
Department of Local Affairs
Denver, Colorado

Jay Sondhi, Executive Director
Missouri Council on Criminal Justice
Jefferson City, Missouri

LEAA Officials

Mary Ann Beck, Director
Model Program Development Division/OTT
National Institute of Law Enforcement and Criminal Justice

Robert Diegleman, Program Planning Specialist
Planning and Evaluation Division
Office of Planning and Management

Dr. James Howell, Acting Director
National Institute of Juvenile Justice and Delinquency Prevention
Office of Juvenile Justice and Delinquency Prevention

Gwen Monroe, Director
Program Development and Technical Assistance Division
LEAA Region IX – San Francisco

Benjamin H. Renshaw, Director
Statistics Division
National Criminal Justice Information and Statistics Service

John Spevacek, Evaluation Specialist
Office of Evaluation
National Institute of Law Enforcement and Criminal Justice

James C. Swain, Director
Adjudication Division
Office of Regional Operations

James Vetter, Police Specialist
LEAA Region VIII – Denver

* U. S. GOVERNMENT PRINTING OFFICE : 1977 241-081/2139

(CUT ALONG THIS LINE)

EXEMPLARY PROJECT: Polk County Rape/Sexual Assault Care Center

To help LEAA better evaluate the usefulness of this document, the reader is requested to answer and return the following questions.

1. What is your general reaction to this document?
   - ☐ Excellent
   - ☐ Above Average
   - ☐ Average
   - ☐ Poor
   - ☐ Useless

2. To what extent do you see the document as being useful in terms of: (check one box on each line)

	Highly Useful	Of Some Use	Not Useful
Modifying existing projects	☐	☐	☐
Training personnel	☐	☐	☐
Administering ongoing projects	☐	☐	☐
Providing new or important information	☐	☐	☐
Developing or implementing new projects	☐	☐	☐

3. To what specific use, if any, have you put or do you plan to put this particular document?
   - ☐ Modifying existing projects
   - ☐ Training personnel
   - ☐ Administering ongoing projects
   - ☐ Developing or implementing new projects
   - ☐ Other: ______________________

4. Do you feel that further training or technical assistance is needed and desired on this topic? If so, please specify needs.

5. In what ways, if any, could the document be improved: (please specify, e.g. structure/organization; content/coverage; objectivity; writing style; other)

6. How did this document come to your attention? (check one or more)
   - ☐ LEAA mailing of package
   - ☐ Contact with LEAA staff
   - ☐ Your organization's library
   - ☐ Other (please specify) ______________________________
   - ☐ LEAA Newsletter
   - ☐ National Criminal Justice Reference Service

7. Have you contacted or do you plan to contact the project site for further information?

8. Check ONE item below which best describes your affiliation with law enforcement or criminal justice. If the item checked has an asterisk (*), please also check the related level, i.e.,

☐ Federal ☐ State ☐ County ☐ Local

☐ Headquarters, LEAA
☐ LEAA Regional Office
☐ State Planning Agency
☐ Regional SPA Office
☐ College, University
☐ Commercial Industrial Firm
☐ Citizen Group
☐ Police *
☐ Court *
☐ Correctional Agency *
☐ Legislative Agency *
☐ Other Government Agency *
☐ Professional Associations *
☐ Crime Prevention Group *

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(CUT ALONG THIS LINE)

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9. Your Name ______________________________
Your Position ______________________________
Organization or Agency ______________________________
Address ______________________________

Telephone Number Area Code: ______ Number: ______________

10. If you are not currently registered with NCJRS and would like to be placed on their mailing list, check here. ☐